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# **RESEARCH** ON INCLUSIVE REHABILITATION SERVICES IN SELECTED TERRITORIAL COMMUNITIES



The All-Ukrainian Public Association “The National Assembly of People with Disabilities of Ukraine” (NAPD), within the framework of the “Inclusive Rehabilitation Services” project, supported by the USAID HOVERLA Project, conducted a study on inclusive rehabilitation services in selected territorial communities of Volyn, Zhytomyr, Zakarpattia, Lviv, Odesa, and Poltava regions, in accordance with the designed methodology.

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# INTRODUCTION

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The rehabilitation system in Ukraine is currently in the process of active development. The full-scale invasion caught the country at the beginning of the implementation of new approaches in the healthcare sector, which, in particular, involves the development of rehabilitation services under the medical guarantees program. At the same time, the war forced the development of rehabilitation at a frantic pace, sometimes taking steps that would not have been applied in peacetime.

In times of war, the need for rehabilitation grows extremely rapidly: every year, about 250,000 patients, including military and civilians, need comprehensive rehabilitation. This process includes both physical and psychological recovery, which is important both for those injured on the battlefield and for civilians affected by hostilities.

The development of rehabilitation services at the local community level deserves special attention. The hostilities have caused massive injuries and numerous psychological traumas that affect not only combatants but also the general civilian population. In addition, there is a growing need for rehabilitation of patients after serious illnesses or surgeries and the elderly. At the same time, rehabilitation of people with disabilities has been and remains extremely important.

One of the critical aspects is access to modern methods and resources to provide quality rehabilitation. Many people in communities still face a lack of proper services, which significantly limits their ability to integrate into society and lead a full life. In addition, given the scale of the problem, psychosocial rehabilitation is especially important to help reduce the impact of post-traumatic stress disorder (PTSD), which is common among military and civilian victims of war.

Thus, research into the relevance of rehabilitation in Ukraine at the local community level is an important step in identifying key problems and developing effective approaches to addressing them. The purpose of this study is to provide a detailed analysis of the existing system of rehabilitation services in communities, assess their relevance to current needs, and develop recommendations for improving the accessibility and quality of these services.

The results of the study can serve as a basis for improving the rehabilitation system at the local level and help thousands of Ukrainians return to a full and active life.



## METHODOLOGY

**The purpose of the study** is to explore the accessibility of medical and rehabilitation services in pilot communities for certain categories of population, as well as to develop recommendations for improvement of the respective situation on the issues.

**The survey was conducted from 22 April 2024 to 10 July 2024 and covered the following areas:**

- ✓ **Local self-government bodies:** Balta, Brody, Zhovkva, Zviahel, Irshava, Kivertsi, Kodyma, Korosten, Lubny, and Rozhyshche city councils, as well as Dykanka and Mizhhiria township councils;
- ✓ **Medical facilities:** Brody Central City Hospital of Brody City Council in Lviv region; Balta Multidisciplinary Hospital of Balta City Council in Odesa region; Dykanka Hospital of Planned Treatment; Zhovkva Hospital of Zhovkva City Council of Lviv district in Lviv region; Zviahel Multidisciplinary Hospital of Zviahel City Council in Zhytomyr region; Irshava City Hospital of Irshava City Council in Zakarpattia region; St. Panteleimon Hospital of Kivertsi City Council in Volyn region; Kodyma Hospital of Kodyma City Council of Podil district in Odesa region, Korosten Central City Hospital of Korosten City Council in Zhytomyr region; Lubny Intensive Care Hospital of Lubny City Council of Lubny district in Poltava region; Mizhhiria District Hospital of Mizhhiria Township Council in Zakarpattia region; and Rozhyshche Multidisciplinary Hospital of Rozhyshche City Council in Volyn region.
- ✓ **Persons who are entitled by law to receive medical and rehabilitation services, assistive rehabilitation devices, and medical products:** persons with disabilities, including children with disabilities; persons with limitations in daily functioning, including those aged 60+ without disabilities; persons whose diseases, injuries, congenital disorders, or other health conditions may lead to limitations of daily functioning or permanent disability; and family members and other legal representatives of the above individuals.

**The study included an analysis of the following:**

- ✓ **implementation of the state and local policy for rehabilitation** in certain territorial communities of Volyn, Zhytomyr, Zakarpattia, Lviv, Odesa, and Poltava regions;
- ✓ **ensuring the rights and guarantees of persons who are legally entitled to medical and rehabilitation services, assistive rehabilitation aids, and medical devices.**

To carry out a qualitative analysis of the implementation of the state and local rehabilitation policies and secure the rights and guarantees of the relevant categories of persons to rehabilitation at the local level, the following was done

- 1) data requests were sent requesting the number of people with disabilities disaggregated by type of disorder and disease, need/provision of rehabilitation services, rehabilitation aids and medical devices to:
  - ✓ Ministry of Veterans Affairs of Ukraine;
  - ✓ National Health Service of Ukraine;
  - ✓ Fund for Social Protection of Persons with Disabilities;
  - ✓ Information and Computer Center of the Ministry of Social Policy of Ukraine;
  - ✓ healthcare departments at Volyn, Zhytomyr, Zakarpattia, Lviv, Odesa, and Poltava Regional State Administrations;
  - ✓ social protection departments at Zviahel, Zolochiv, Korosten, Lubny, Lutsk, Lviv, Khust, Podilsk, and Poltava District State Administrations.



2) the following activities were conducted:

- ✓ interviewing representatives of Balta, Brody, Zhovkva, Zviahel, Irshava, Kivertsi, Kodyma, Korosten, Lubny, and Rozhyshche city councils, as well as Dykanka and Mizhhiria village councils (filling out questionnaires and conversations with respondents);
- ✓ digital accessibility audits of the websites of the above-mentioned local governments;
- ✓ interviewing the representatives of Brody Central City Hospital of Brody City Council in Lviv region; Balta Multidisciplinary Hospital of Balta City Council in Odesa region; Dykanka Hospital of Planned Treatment; Zhovkva Hospital of Zhovkva City Council of Lviv district in Lviv region; Zviahel Multidisciplinary Hospital of Zviahel City Council in Zhytomyr region; Irshava City Hospital of Irshava City Council in Zakarpattia region; St. Panteleimon Hospital of Kivertsi City Council in Volyn region; Kodyma Hospital under Kodyma City Council of Podil district in Odesa region, Korosten Central City Hospital of Korosten City Council in Zhytomyr region; Lubny Intensive Care Hospital of Lubny City Council of Lubny district in Poltava region; Mizhhiria District Hospital of Mizhhiria Township Council in Zakarpattia region; and Rozhyshche Multidisciplinary Hospital of Rozhyshche City Council in Volyn region (filling out questionnaires and conversations with respondents);
- ✓ audits of informational, transportation, and architectural accessibility of the above-listed healthcare facilities and digital accessibility audits of their websites;
- ✓ survey of persons who, in accordance with the legislation of Ukraine, are entitled to receive medical and rehabilitation services, rehabilitation aids and medical devices, from among the residents of Balta, Brody, Dykanka, Irshava, Korosten, and Rozhyshche territorial communities (filling out a Google-form questionnaire).

Upon completion of the collection of information from local governments, medical institutions, and citizens themselves, the data collected was thoroughly analyzed. The analysis strictly adhered to the principles of confidentiality, anonymity, and voluntary participation, which is in line with international standards for sociological research. This means that the personal data of the survey participants were not disclosed, and their participation was absolutely voluntary.

The information received was used for:

- ✓ **Advocacy campaigns.** The results of the survey will be used to justify necessary legislative and policy changes regarding rehabilitation.
- ✓ **Preparation of analytical reports.** Based on the survey results, detailed analytical reports were prepared that can be used both for NAPD's internal use and for presentation to international organizations and other stakeholders.

## Section 1.

# The implementation of the state and local policies for rehabilitation in some territorial communities of Volyn, Zhytomyr, Zakarpattia, Lviv, Odesa, and Poltava regions

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### 1.1. Analysis of state policy for rehabilitation

Ukraine has two active laws on rehabilitation, including the Law of Ukraine “On Rehabilitation of Persons with Disabilities in Ukraine<sup>1</sup>,” adopted in 2005, and the Law of Ukraine “On Rehabilitation in Healthcare Sector<sup>2</sup>,” adopted in 2020. Having been partially implemented in Ukraine, these laws have not ensured functioning of a comprehensive rehabilitation system and relevant high-quality services.

To execute the Law of Ukraine “On Rehabilitation of Persons with Disabilities in Ukraine,” a network of rehabilitation centers for adults and children with disabilities, specializing in comprehensive rehabilitation (social, professional, and medical rehabilitation)<sup>3</sup>, was developing in the social sphere under the coordination of the Ministry of Social Policy of Ukraine before the full-scale invasion. These centers were mostly funded by regional and local budgets, except for a dozen centers that were directly subordinated to the Ministry of Social Policy of Ukraine and were maintained from a special fund within the state budget.

At the same time, the Ministry of Social Policy of Ukraine and the Fund for Social Protection of Persons with Disabilities implement the following budget programs pursuant to the Laws of Ukraine “On the Fundamentals of Social Protection of Persons with Disabilities in Ukraine”<sup>4</sup> and “On Rehabilitation of Persons with Disabilities in Ukraine”:

- ✓ providing certain groups of population with assistive rehabilitation devices<sup>5</sup>. In 2024, it was planned to allocate UAH 4.5 billion from the state budget for this purpose, while in 2023, the relevant expenditures did not exceed UAH 2.7 billion;

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<sup>1</sup> Law of Ukraine “On Rehabilitation of Persons with Disabilities in Ukraine” <https://zakon.rada.gov.ua/laws/show/2961-15#Text>

<sup>2</sup> Law of Ukraine “On Rehabilitation in the Healthcare Sector” <https://zakon.rada.gov.ua/laws/show/1053-20#Text>

<sup>3</sup> Standard Regulations for a center for comprehensive rehabilitation of persons with disabilities, approved by the Ministry of Social Policy of Ukraine’s Decree No.855, dated August 09, 2016. <https://zakon.rada.gov.ua/laws/show/z1209-16#Text>

<sup>4</sup> Law of Ukraine “On the Fundamentals of Social Protection of Persons with Disabilities in Ukraine” <https://zakon.rada.gov.ua/laws/show/875-12#Text>

<sup>5</sup> Procedure for Providing Assistive Rehabilitation Devices (Technical and Other Rehabilitation Aids) to Persons with Disabilities, Children with Disabilities, and Other Designated Population Categories, and for Paying Monetary Compensation for Independently Purchased Aids, as Approved by Resolution No. 321 of the Cabinet of Ministers of Ukraine, dated April 5, 2012. <https://zakon.rada.gov.ua/laws/show/321-2012-%D0%BF#Text>



- ✓ Prosthetics and orthotics with increased functionality devices using the latest technologies and manufacturing techniques that are not available in Ukraine, and/or special products for sports for certain categories of citizens who have lost the functionality of their limb/limbs<sup>6</sup>. In 2024, it was planned to use UAH 1 billion for this purpose, which is twice as much as in 2023;
- ✓ Financing the rehabilitation of children with disabilities<sup>7</sup>. This year, it was planned to allocate UAH 1 billion from the state budget for this purpose, while in previous years, the relevant expenditures did not exceed UAH 130 million.

The Ministry of Health and the National Health Service do not finance from the state budget most of the medical products<sup>8</sup> and medicines<sup>9</sup> that people with disabilities and other certain categories of citizens have the right to receive free of charge. Such guarantees are provided by local governments out of regional/local budget funds.

In compliance with the Law of Ukraine “On Rehabilitation in the Healthcare Sector,” several packages of medical rehabilitation services were launched as part of the medical guarantees program. The list of these packages is given in the table below<sup>1</sup>.

**Table 1.**

**Packages of medical rehabilitation services in healthcare sector as part of the medical guarantees program in 2021 – 2024**

2021 <sup>10</sup>	2022 <sup>11</sup>	2023 <sup>12</sup>	2024 <sup>13</sup>
Medical rehabilitation of infants born prematurely and/or with health complications during their first three years of life	Medical rehabilitation of infants born prematurely and/or with health complications during their first three years of life	Medical rehabilitation of infants born prematurely and/or with health complications during their first three years of life	Medical rehabilitation of infants born prematurely and/or with health complications during their first three years of life
Medical rehabilitation for adults and children aged 3+ with musculoskeletal disorders	Medical rehabilitation for adults and children aged 3+ with musculoskeletal disorders	Rehabilitation support for adults and children in inpatient settings	Rehabilitation support for adults and children in inpatient settings
Medical rehabilitation of adults and children aged 3+ with nervous system disorders	Medical rehabilitation of adults and children aged 3+ with nervous system disorders	Rehabilitation support for adults and children in outpatient settings	Rehabilitation support for adults and children in outpatient settings
No	Comprehensive rehabilitation support for adults and children in inpatient settings	No	No

<sup>6</sup> Procedure for Prosthetics and Orthotics with High-Functionality Products Utilizing the Latest Technologies and Manufacturing Methods Unavailable in Ukraine and/or Special Sports Products for Certain Categories of Citizens Who Have Lost Functional Capabilities of a Limb or Limbs, as Approved by the Resolution of the Cabinet of Ministers of Ukraine No. 518, dated October 1, 2014. <https://zakon.rada.gov.ua/laws/show/518-2014-%D0%BF#Text>

<sup>7</sup> Procedure for Using Funds Allocated in the State Budget for the Rehabilitation of Children with Disabilities, as approved by Resolution No. 309 of the Cabinet of Ministers of Ukraine, dated March 27, 2019. <https://zakon.rada.gov.ua/laws/show/309-2019-%D0%BF#Text>

<sup>8</sup> Procedure for providing persons with disabilities, children with disabilities, and other specific categories of the population with medical devices and other assistive means, as approved by Resolution No. 1301 of the Cabinet of Ministers of Ukraine on December 3, 2009. <https://zakon.rada.gov.ua/laws/show/1301-2009-%D0%BF#Text>

<sup>9</sup> Resolution of the Cabinet of Ministers of Ukraine No. 1303 of August 17, 1998, “On the Regulation of Free and Preferential Provision of Prescription Medications for Outpatient Treatment of Certain Population Groups and Specific Categories of Diseases.” <https://zakon.rada.gov.ua/laws/show/1303-98-%D0%BF#Text>

<sup>10</sup> Packages of medical services, 2021. <https://contracting.nszu.gov.ua/kontraktuvannya/kontraktuvannya-2021/paketi-medichnih-poslug>

<sup>11</sup> Packages of medical services, 2022. <https://contracting.nszu.gov.ua/kontraktuvannya/kontraktuvannya-2022/vimogi-pmg-2022>

<sup>12</sup> Packages of medical services, 2023. <https://contracting.nszu.gov.ua/kontraktuvannya/kontraktuvannya-2023/vimogi-pmg-2023>

<sup>13</sup> Packages of medical services, 2024. <https://contracting.nszu.gov.ua/kontraktuvannya/kontraktuvannya-2024-1699952970/vimogi-pmg-2024>





Another 15 medical packages of the medical guarantees program have a rehabilitation component.

The demand for rehabilitation is expected to increase in times of war. This applies to both civilians and the military. According to the estimates of the Minister of Health of Ukraine Viktor Liashko, published on his Facebook page, it is about 250,000 patients annually<sup>14</sup>.

In general, inpatient rehabilitation care is available free of charge in 316 medical facilities across Ukraine. During the first eight months of 2024, the state paid more than UAH 1.9 billion to medical facilities for this purpose. Outpatient rehabilitation is free of charge for patients in 473 medical facilities.

For the youngest patients (up to 3 years old), a separate package “Medical Rehabilitation of Infants Born Prematurely and/or with Health Complications during the First Three Years of Life” continues to be available. Such services are provided by 131 medical facilities.

In 2024, the differentiation of payment received by medical facilities from the state for rehabilitation services was introduced. It means that now the amount directly depends on the severity of the injury and ranges from UAH 19,000 to 41,000 per cycle.

The model for developing the rehabilitation system by the Ministry of Health of Ukraine is based on Israeli experience. It takes into account the needs of both civilians and the military, and thus it will remain relevant even after the war.

The development of a rehabilitation system based on a capable network of medical facilities continues. Centers of excellence are being created on the basis of progressive rehabilitation units. Such centers function as training hubs for other rehabilitation teams and actively implement the latest practices in line with international standards. Currently, seven centers exist: two in Kyiv and one each in Vinnytsia, Dnipro, Ivano-Frankivsk, Ternopil, and Uzhhorod.

In the following sections, the results of the analysis of the implementation of the state and local policies for rehabilitation and ensuring the rights and guarantees of the relevant categories of persons to rehabilitation at the local level will be presented.

## 1.2. Coordination of Rehabilitation Efforts at the Local Level

According to part one in Article 16 of the Law of Ukraine “On Rehabilitation in Health Care,” local executive authorities and local self-government bodies shall coordinate the rehabilitation sector at the local level and at the level of territorial communities

However, the analysis of the system of coordination of rehabilitation services in Ukrainian communities revealed significant discrepancies in the practical implementation of the Law of Ukraine “On Rehabilitation in Healthcare.”

**During the study visits to the communities and interviews with local government representatives, the division of responsibilities was clarified, and it was found that:**

- ✓ Most communities have delegated responsibility for different aspects of rehabilitation (medical, social, and educational) to different units.

<sup>14</sup> Facebook page of Viktor Liashko, Minister of Health of Ukraine. <https://www.facebook.com/share/p/19c4GEsKc8>



- ✓ In many communities, the overall coordination is carried out at the level of the head of the city council.
- ✓ The dispersion of responsibility exists as a problem, as in some cases, when different deputy heads are responsible for different aspects of rehabilitation, coordination difficulties arise.

#### **Awareness of programs and funding:**

- ✓ Most officials are familiar with government programs, such as the NHSU rehabilitation packages and the Ministry of Social Policy's program for providing assistive rehabilitation devices.
- ✓ Communities are actively seeking additional funding sources to improve the quality of rehabilitation services.

#### **Problems and challenges:**

- ✓ No regular analysis of the population's rehabilitation needs is conducted.
- ✓ No clear mechanisms exist for assessing the effectiveness of rehabilitation measures.
- ✓ Coordination among different levels of governmental is weak, highlighting the need for improved interaction between local, regional, and central authorities.

### **1.3. Developing Local Rehabilitation Policy**

According to part three of Article 16 of the Law of Ukraine "On Rehabilitation in the Field of Health Care," local self-government bodies shall, in particular:

- ✓ organize efficient delivery of rehabilitation, foster the formation of an optimal network of rehabilitation institutions, departments, and units;
- ✓ manage rehabilitation institutions and healthcare facilities, including rehabilitation departments and units owned by or transferred to territorial communities, and organize their logistical and financial support;
- ✓ approve targeted programs for the development of the rehabilitation system, distribute funds transferred from the state budget within the powers defined by law;
- ✓ create conditions for providing individuals with limitations in daily functioning with rehabilitation services, assistive rehabilitation devices, and medical devices during all rehabilitation periods.

Despite the available funding and certain initiatives of local authorities, the rehabilitation system in most communities is not effective enough.

#### **Overall problems**

- ✓ **Lack of integrated programs.** None of the communities surveyed has a separate, comprehensive program of rehabilitation development, which is contrary to the law.
- ✓ **Insufficient funding.** The funds allocated from local budgets to healthcare facilities delivering rehabilitation services are insufficient to fully meet the needs of such facilities. This is especially true after local budgets were deprived of revenues from military personal income tax
- ✓ **Staff shortage.** Most healthcare facilities providing rehabilitation in the surveyed communities are experiencing an acute shortage of rehabilitation specialists.

- ✓ **Material and technical base.** Healthcare facilities providing rehabilitation in the surveyed communities require modern equipment and appropriate premises.
- ✓ **Low awareness among medical workers.** Family doctors are often insufficiently informed about rehabilitation opportunities, which complicates referral of patients to such services.
- ✓ **Passive public attitudes.** In the absence of active public position, rehabilitation is not a priority at the community level, which, in its turn, makes it difficult to attract resources and solve the problems of population in need of appropriate assistance.

### Situation in specific communities

- ✓ **Brody community.** The situation is critical due to a significant reduction in budget revenues. They are actively working to attract grants to develop the medical sector.
- ✓ **Kivertsi community.** The main problem is the lack of funds to pay medical staff.
- ✓ **Dykanka, Zviahel, Irshava, Kivertsi, Lubny, and Mizhhiria communities.** They have separate programs for the development of healthcare facilities, but these programs are not sufficiently focused on rehabilitation.
- ✓ **Balta, Korosten, and Rozhyshe communities.** They have “Health” programs that partially meet the needs of healthcare facilities, but do not solve all problems.
- ✓ **Zhovkva and Kodyma communities.** They stipulate funds for medical facilities in general programs, but do not have separate programs for rehabilitation.
- ✓ **Korosten and Lubny communities.** They declare a sufficient number of entities providing rehabilitation services in their communities.
- ✓ **Zviahel community.** It has a developed infrastructure, but needs additional specialized rehabilitation centers.

## 1.4. Involving the public sector into the development of rehabilitation at the local level

The Law of Ukraine “On Rehabilitation in the Healthcare Sector” lists public associations of persons with disabilities, persons with disabilities, and rehabilitation specialists as subjects that organize or promote rehabilitation. At the same time, this Law obliges local self-government bodies to facilitate the work of public associations, including public associations of persons with limitations in daily functioning and public associations of persons with disabilities, and to engage them in cooperation and partnership in this area.

Also, the conducted study revealed the disparity of the situation regarding the involvement of public associations in cooperation in different pilot communities.

Most communities declare their desire to cooperate with public organizations, invite them to participate in discussions, and even provide funding for their activities (e.g., Brody and Zhovkva communities).

However, as for cooperation, a positive trend can only be observed in 4 communities:

- ✓ **Balta community.** It demonstrates the most successful practice of cooperation among local governments, medical institutions, and a public organization of people with disabilities. The leadership of the public organization “Balta’s Organization of Persons with Disabilities” actively collaborates with local authorities, initiates and implements joint projects.



- ✓ **Lubny community.** Although the active local parent organization of children with disabilities does not have sufficient support from the authorities, its initiative is a positive signal.
- ✓ **Kodyma community.** The presence of four public organizations demonstrates the potential for active public sector participation; however, the cooperation with local authorities is not active.
- ✓ **Korosten community.** Active young people with disabilities who want to create their own organization need support from local authorities.

## 1.5. Statistics on Medical and Rehabilitation Services at the Local Level

In compliance with the Law of Ukraine “On Rehabilitation in the Healthcare Sector,” citizens of Ukraine (regardless of registered disability) are entitled to free rehabilitation if they have medical indications.

According to the National Health Service of Ukraine, **out of twelve health care facilities** in the pilot communities, only **seven have signed agreements with the National Health Service of Ukraine to provide rehabilitation packages.**

**Moreover, only three of these institutions have medical packages for rehabilitation care in inpatient and outpatient settings:**

- ✓ Korosten Central City Hospital of Korosten City Council
- ✓ Zviahel Multidisciplinary Hospital of Zviahel City Council
- ✓ Lubny Intensive Care Hospital of Lubny City Council in Lubny district of Poltava region

**The other four facilities only have a medical package that includes rehabilitation care in outpatient settings:**

- ✓ Irshava City Hospital of Irshava City Council in Zakarpattia region
- ✓ Balta Multidisciplinary Hospital of Balta City Council in Odesa region
- ✓ Mizhhiria District Hospital of Mizhhiria Township Council in Zakarpattia region
- ✓ Rozhyshche Multidisciplinary Hospital of Rozhyshche City Council in Volyn region

**The other five healthcare facilities have no rehabilitation packages, but only medical packages including a rehabilitation component:**

- ✓ Zhovkva Hospital of Zhovkva City Council of Lviv district in Lviv region
- ✓ Brody Central City Hospital of Brody City Council in Lviv region
- ✓ St. Panteleimon Hospital of Kivertsi City Council in Volyn region
- ✓ Kodyma Hospital of Kodyma City Council of Podil district in Odesa region
- ✓ Dykanka Hospital of Planned Treatment

**Rehabilitation specialists work in all twelve healthcare facilities. Ten healthcare facilities have at least a physical and rehabilitation medicine doctor** (Korosten Central City Hospital of Korosten City Council, Zviahel Multidisciplinary Hospital of Zviahel City Council, Zhovkva Hospital of Zhovkva City Council of Lviv district in Lviv region, Lubny Intensive Care Hospital of Lubny City Council of Lubny district in Poltava region, Irshava City Hospital of Irshava City Council in Zakarpattia region, Balta Multidisciplinary Hospital of Balta City Council in Odesa region, Mizhhiria District Hospital of Mizhhiria Township Council in Zakarpattia region, Rozhyshche Multidisciplinary Hospital of Rozhyshche City Council in Volyn region, Kodyma Hospital of Kodyma City Council of Podil district in Odesa region, and Dykanka Hospital of Planned Treatment; **one facility has a physical therapist** (Kivertsi Central Hospital of Kivertsi City Council), **and one facility has a psychotherapist** (Brody Central City Hospital of Brody City Council in Lviv region). More details on the composition of the multidisciplinary rehabilitation teams are provided in the report below.

To provide rehabilitation care, a medical facility must have the appropriate material and technical base, which varies in the surveyed facilities and needs to be improved to comply with the established standards.

The scope of rehabilitation care depends on many factors, including the availability of appropriate departments, specialized rooms and halls, and the possibility to apply the latest methods of work, including the use of telemedicine.

The analysis showed significant differences between different communities regarding the level of rehabilitation service provision, as reflected in Table 2 about rehabilitation departments and rooms in medical institutions.

Detailed analysis by main areas:

- ✓ **Ultrasound and electrophysiological examinations.** Such examinations are available only to residents of Mizhhiria, Zhovkva, Balta, and Irshava communities. For the rest of the communities, access to diagnostics before rehabilitation may be complicated.
- ✓ **Specialized rooms.** Most communities have rooms for individual consultations with a speech therapist, psychologist, and occupational therapist. However, not all communities are equipped with big rooms for group sessions and wards for urgent rehabilitation.
- ✓ **Hospital departments.** Post-acute and long-term rehabilitation units are only available in Lubny and Korosten communities, which restricts access to long-term rehabilitation for residents of other communities. Most communities plan to expand the range of rehabilitation services by opening new offices and departments.
- ✓ **Telemedicine.** Only a few communities (Rozhyshche and Lubny) use teleconsultations, which may be especially relevant for remote settlements. Telemedicine is underutilized, which restricts the accessibility of services.
- ✓ **Mobile teams.** This type of service for rehabilitation care provision is unavailable in all the communities under study.





**Table 2.**  
**Information about rehabilitation departments and rooms at medical facilities.**

Healthcare facility	Dykanka Hospital of Planned Treatment	Rozhyshe Multidisciplinary Hospital	Kiverts Central Hospital	Kodyma Hospital	Brody Central City Hospital	Mizhhiria District Hospital	Zhovkva Hospital	Balta Multidisciplinary Hospital	Lubny Intensive Care Hospital	Korosten Central City Hospital	Irshava City Hospital	Zviahel Multidisciplinary Hospital
Outpatient department for post-acute and long-term rehabilitation	In the process of opening	Yes	0	0	*	Yes	0	Yes	Yes	0	Yes	Yes
Inpatient rehabilitation department	In the process of opening	0	0	0	*	0	0	0	Yes	Yes	0	Yes
Inpatient department for post-acute and long-term rehabilitation	In the process of opening	0	0	0	*	0	0	0	Yes	0	0	Yes
Acute rehabilitation ward	0	0	0	0	*	0	0	0	0	Yes	0	0
Assistive technologies room	In the process of opening	Yes	0	0	*	Yes	Yes	0	Yes	Yes	0	Yes
Physical therapy room	In the process of opening	Yes	0	1	*	Yes	0	Yes	Yes	Yes	Yes	Yes
Room for individual rehabilitation assistance in physical therapy	In the process of opening	Yes	0	0	*	0	Yes	Yes	Yes	Yes	Yes	0
Ergotherapy room	In the process of opening	Yes	0	0	*	0	0	Yes	Yes	0	Yes	Yes
Room (rooms) for providing individual rehabilitation assistance in occupational therapy	In the process of opening	Yes	0	0	*	0	Yes	Yes	Yes	0	Yes	Yes
Room for individual rehabilitation assistance in speech and language therapy	In the process of opening	Yes	0	0	*	Yes	Yes	Yes	Yes	0	Yes	Yes
Room for psychological assistance	In the process of opening	Yes	0	Yes	*	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Room for ultrasound and electro-physiological (electroneuromyography) diagnosis methods in rehabilitation	0	0	0	Yes	*	Yes	Yes	Yes	0	0	Yes	Yes
Room or area for training how to use a wheelchair	In the process of opening	0	0	0	*	Yes	Yes	Yes	Yes	Yes	Yes	0
Room for prosthetic treatment	0	0	0	0	*	Yes	0	0	0	0	Yes	0
Premises for organizing general secondary education	0	0	0	0	*	Yes	0	0	0	0	0	0

\* The medical facility did not fill out the column in the survey

The study showed that multidisciplinary rehabilitation teams (MDTs) have become an integral part of the rehabilitation service delivery system in the communities surveyed. Their creation is a positive trend, as it provides a comprehensive approach to patient rehabilitation.

**Table 3.**

**Composition of multidisciplinary rehabilitation teams in project-affiliated medical facilities offering rehabilitation packages**

Healthcare facility	Doctor of physical and rehabilitation medicine	Physical therapist	Occupational therapist	Speech therapist	Prosthetist-orthotist	Psychologist	Psychotherapist	Rehabilitation nurse	Physical therapist assistant	Occupational therapist assistant	Social worker
Rozhyshche Multidisciplinary Hospital	2	2	2	1	0	2	0	2	2	1	0
Mizhhiria District Hospital	1	1	1	1	–	1	–	1	1	1	–
Balta Multidisciplinary Hospital	3	2	1	1	0	1	0	0	0	4	0
Rehabilitation Department at Lubny Intensive Care Hospital	2	3	2	2	0	2	0	0	4	2	1
Rehabilitation Department at Korosten Central City Hospital	2	5	2	1	0	1	2	4	4	0	0
Irshava City Hospital	1	1	1	1	0	1	1	1	0	0	1
Zviahel Multidisciplinary Hospital	3	4	2	2	0	2	0	13	3	1	1

The above data demonstrate the widespread use of multidisciplinary teams (MDT) in the surveyed communities. While the composition of these teams varies across institutions, the following key trends can be identified:

- ✓ **Multidisciplinary approach.** MDTs include specialists of various medical specialties, ensuring a comprehensive examination and treatment process for patients.
- ✓ **Core team.** Physicians specializing in physical and rehabilitation medicine play a central role in MDTs, coordinating the work of other specialists and defining the overall rehabilitation strategy.
- ✓ **Shortage of certain specialists.** The lack of prosthetists, social workers, and therapist assistants in some MDTs limits the capacity to provide comprehensive rehabilitation, particularly for patients with high support needs.

An analysis of the interviews conducted with doctors from various specialties directly involved in rehabilitation services revealed key factors affecting the quality and accessibility of such care. Most of the interviewed healthcare professionals confirmed that the procedures and services required for rehabilitation are usually covered under the National Health Service of Ukraine's medical guarantees program.

However, the following issues have been identified:

**Incomplete coverage.** Certain specialized procedures, such as individual psychotherapy sessions, advanced diagnostic tests, and services that fall outside standard treatment protocols, are either underfunded or not included in NHS packages at all.



Limited availability of rehabilitation services. Despite the presences of medical facilities, including cluster hospitals, the surveyed communities face a shortage of rehabilitation services for individuals with various disabilities, diseases, and injuries.

## 1.6. Provision of Rehabilitation Aids and Medical Devices at the Local Level

According to the Laws of Ukraine “On the Fundamentals of Social Protection of People with Disabilities in Ukraine,” “On Rehabilitation of Persons with Disabilities in Ukraine,” and “On Rehabilitation in the Healthcare Sector,” persons with disabilities, children with disabilities, and war victims have the right to free rehabilitation aids and medical devices.

This study has shown that the provision with such devices and products is primarily funded by the state budget (assistive rehabilitation devices – through the Ministry of Social Policy of Ukraine,<sup>15</sup> and medical products, mainly for inpatient use – through the Ministry of Health of Ukraine),<sup>16</sup> as well as by charitable funds and humanitarian aid. However, the state budget provides almost no funding for medical devices and other means for outpatient use, which is regulated by the Cabinet of Ministers of Ukraine’s Resolution No.1301,<sup>17</sup> dated December 3, 2009.

Assistive rehabilitation aids, medical devices, and other means for outpatient use by persons with disabilities and certain population groups are rarely purchased using local budget funds. Only the Brody community has a local budget program for expensive prosthetics, while the Rozhyshche community provides one-time financial assistance for purchasing specific products.

None of the surveyed medical facilities provide inpatient medical devices such as endoprotheses, heart valves, vascular walls, or heart implants, as no funding is allocated for this purpose. The Brody city community has designated funds for endoprosthesis in its local budget. In outpatient settings, the community partially provides colostomy bags, underpads, diapers, and consumables for insulin-dependent patients.

Information obtained from interviewed doctors regarding the free provision of medical devices to persons with disabilities (at the expense of the local budget) indicates that while funds for this purpose are allocated in local budgets, in most communities, such support is primarily provided through charitable and humanitarian assistance.

For example, according to an oncologist at Korosten Central City Hospital, local budget funds are used to purchase colostomy bags, fully covering patient needs. Meanwhile, diapers, underpads, and urological urinary tracts are supplied through volunteer assistance.

<sup>15</sup> Procedure for Providing Assistive Rehabilitation Devices (Technical and Other Rehabilitation Aids) to Persons with Disabilities, Children with Disabilities, and Other Designated Population Categories, and for Paying Monetary Compensation for Independently Purchased Aids, as Approved by Resolution No. 321 of the Cabinet of Ministers of Ukraine, dated April 5, 2012. <https://zakon.rada.gov.ua/laws/show/321-2012-%D0%BF#Text>; <https://zakon.rada.gov.ua/laws/show/321-2012-%D0%BF#Text>

<sup>16</sup> Resolution of the Cabinet of Ministers of Ukraine dated March 7, 2022, No. 216 “On Certain Issues Related to the Procurement of Medicines, Medical Devices, and Auxiliary Products. <https://zakon.rada.gov.ua/laws/show/216-2022-%D0%BF#Text>

<sup>17</sup> Procedure for providing persons with disabilities, children with disabilities, and other specific categories of the population with medical devices and other assistive means, as approved by Resolution No. 1301 of the Cabinet of Ministers of Ukraine on December 3, 2009. <https://zakon.rada.gov.ua/laws/show/1301-2009-%D0%BF#Text>



In Balta city community, medical devices are provided through primary health care centers.

The lack of proper accounting – or the complete absence of it – regarding the population's need for rehabilitation aids and medical devices is the primary reason for their insufficient provision. In most communities, the initial assessment of the demand for these aids and devices is conducted by medical institutions. Only in four communities (Balta, Kivertsi, Kodyma, and Rozhyshche) are territorial centers for social services involved in registration. In Lubny community, data collected by medical institutions is consolidated at the health department level. The heavy reliance on charitable and humanitarian aid makes the provision of rehabilitation aids and medical devices to the population inconsistent and unstable, undermining the systematic implementation of legal requirements.

### **1.7. Preferential and Free Access to Medications Funded by the Local Budget**

The budgets of only a few territorial communities allocate funds for free or subsidized provision of certain medicines, as stipulated by the Resolution of the Cabinet of Ministers of Ukraine of August 17, 1998, No. 1303, "On the Regulation of Free and Reduced-Price Provision of Medicines by Prescription for Outpatient Treatment of Certain Population Groups and Specific Disease Categories."<sup>18</sup>

Thus, in Balta, Korosten, and Rozhyshche communities, "Health" programs are in place that partially cover the costs of providing specific medicines to the population.

The communities of Irshava, Zhovkva, Zviahel, Kodyma, Lubny, and Mizhhiria allocate funds for the provision of medicines through specific programs. For instance, last year, Irshava community allocated approximately UAH 500,000 for this purpose, while Kodyma community operates the "Accessible Medicine" program, which provides financial support for medicines for people with disabilities. In Korosten community, UAH 3,620,000 was allocated for 2024, with the majority of these funds directed toward patients with cancer, rare (orphan) diseases, and insulin-dependent conditions. Rozhyshche community provides funding for the purchase of medicines for people with COVID-19 and military personnel.

In contrast, Dykanka and Kivertsi communities have no programs for provision of medicines to population, and Brody City Council has discontinued funding in this sector due to budget constraints.

### **1.8. Status of Transport Accessibility of Healthcare Facilities for Persons with Disabilities and Other Groups with Low Mobility**

The study conducted in the project communities revealed a critical issue regarding the accessibility of public transportation for people with disabilities. None of the examined communities provided adequate conditions for the movement of individuals with disabilities (including wheelchair users) and other groups with low mobility.

<sup>18</sup> Resolution of the Cabinet of Ministers of Ukraine No. 1303 of August 17, 1998, "On the Regulation of Free and Preferential Provision of Prescription Medications for Outpatient Treatment of Certain Population Groups and Specific Categories of Diseases." <https://zakon.rada.gov.ua/laws/show/1303-98-%D0%BF#Text>



### Main problems identified during the study:

- ✓ **Lack of low-floor transportation.** Most communities have no buses equipped for easy access by people with disabilities.
- ✓ **Insufficient number of vehicles with lifts.** Only a few communities have a limited number of route mini-buses or taxis equipped with wheelchair lifts.
- ✓ **Absence of a social taxi service.** Most communities lack specialized transportation for people with disabilities. In communities where such a service exists, challenges include insufficient funding or a shortage of staff.
- ✓ **Reliance on non-specialized transportation.** In many cases, people with disabilities are transported to medical facilities by ambulance or palliative care transport, which is not an optimal solution.

## 1.9. The Architectural Accessibility of Healthcare Facilities for Persons with Disabilities and Other Groups with Low Mobility

A study was conducted to assess the level of physical (architectural) accessibility of healthcare facilities for people with disabilities and other groups with low mobility in six communities.

The term “**accessibility**” refers to the availability of the following conditions for all population groups without the need for external assistance:

- ✓ **Physical possibility and convenience** of entering the facility, moving within it and its surrounding area, and accessing services.
- ✓ **Physical safety** when entering and navigating the facility, as well as its adjacent territory, and receiving services.
- ✓ **Unrestricted access to information** about the facility and the services it offers, as well as free navigation (orientation) within the facility and its surrounding area.

## 1.10. Digital Accessibility of Local Government Websites in Balta, Brody, Dykanka, Zhovkva, Zviahel, Irshava, Kivertsi, Kodyma, Korosten, Lubny, Mizhhiria, and Rozhyshche communities

The study assessed the accessibility of territorial community websites for people with disabilities, including individuals with visual, hearing, motor, and cognitive impairments.

According to Resolution of the Cabinet of Ministers of Ukraine No. 757 of July 21, 2023, “On Certain Issues of Accessibility of Information and Communication Systems and Electronic Documents,” local governments, as well as enterprises, institutions, and organizations under communal ownership of the respective territorial community, are recommended to ensure compliance with the requirements of state standard DSTU EN 301 549:2022 when creating, upgrading, developing, managing, and maintaining their information, electronic communication, and information and communication systems.



Taking into account the requirements of the above resolution, the digital accessibility audit was carried out in accordance with the criteria of the state standard DSTU EN 301 549:2022 "Information Technology. Requirements for Accessibility of Products and Services," which is based on the Web Content Accessibility Guidelines (WCAG) 2.1.

The most common accessibility issues identified during the audit of community websites:

- ✓ Cartographic content is often inaccessible to individuals with visual impairments.
- ✓ Images on websites frequently lack alternative text that describes their content.
- ✓ Page headings often lack a clear structure, making navigation difficult for screen readers.
- ✓ The absence of accessible labels for input fields and buttons complicates website use for all users.
- ✓ Low text contrast, particularly gray text on a light background, makes reading difficult or even impossible for individuals with visual impairments or color blindness.
- ✓ People with limited mobility often struggle to navigate a website using only a keyboard (without a mouse).
- ✓ Incorrect focus shifts on a page can confuse screen reader users by disrupting the reading order or causing unnecessary audio feedback from interface elements.
- ✓ Unclear link titles and duplicate links with different labels make navigation more challenging for screen reader users. For example, on many analyzed websites, links to social networks are not properly recognized by screen readers.
- ✓ Notifications about changes or errors are not announced by screen readers, preventing users from knowing whether they have successfully completed certain actions, such as submitting a form.
- ✓ The lack of autocomplete functionality in forms forces users to manually enter data each time, which can be challenging or inconvenient for individuals with mobility impairments.



## Section 2. Territorial Communities

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### 2.1. BALTA TERRITORIAL COMMUNITY, ODESA REGION

#### ≡ General description of the community

Balta municipal community, located in Odesa region, covers an area of 1042.36 square kilometers and unites 33 settlements with a total population of 33,252 people.

#### ≡ Facility providing medical and rehabilitation services

- ✓ **Balta Multidisciplinary Hospital of Balta City Council**, which provides a wide range of medical and rehabilitation services.

#### ≡ Infrastructure and resources

Balta community has certain material and technical resources to provide rehabilitation services:

- ✓ **Specialized rooms.** Rooms for ultrasound and electrophysiological studies, speech therapy, psychological assistance, rooms for occupational therapy and physical therapy, outpatient post-acute rehabilitation department.
- ✓ **Equipment.** Necessary equipment for various types of rehabilitation.

#### ≡ However, certain drawbacks exist

- ✓ **Absence of an inpatient unit.** This limits the possibilities for long-term rehabilitation.
- ✓ **Staff shortage.** No prosthetists, orthotists, psychotherapists, rehabilitation nurses, physical therapists, and occupational therapists are available.

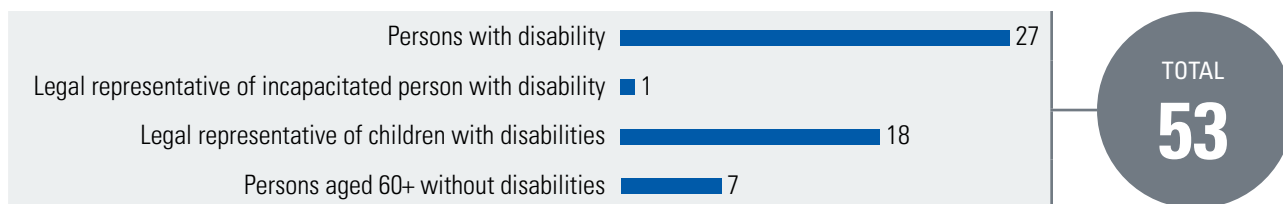
#### ≡ Multidisciplinary team

Since 2022, a multidisciplinary team of doctors, physical therapists, occupational therapists, speech therapists, psychologists, and assistants has been working at Balta Multidisciplinary Hospital. However, to adequately meet rehabilitation needs, the number of specialists must be increased.

#### ≡ Analysis of the population's use of rehabilitation services

A public opinion survey on medical and rehabilitation services in Balta community included **53 respondents**, comprising **36 women** and **17 men**.

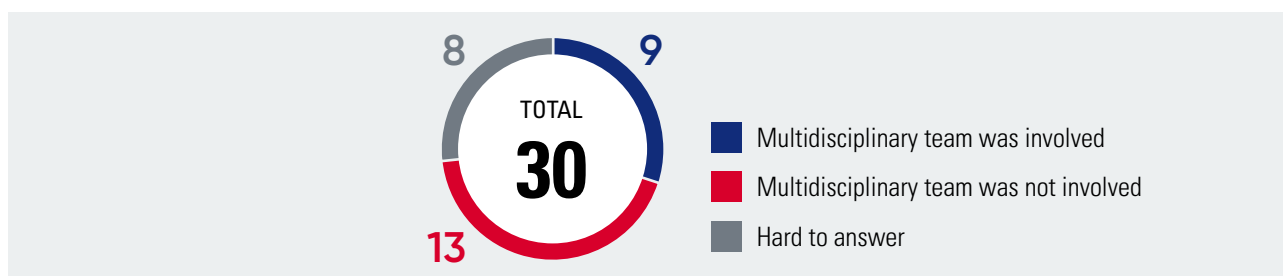
## Distribution of respondents by category



Residents of Balta community most frequently received rehabilitation services **within their region** (16 instances) and **community** (14 instances), though some had to travel **outside the region** (4 instances). At the same time, **transportation accessibility** ranks among the five most significant factors that respondents found **lacking** during rehabilitation. Regarding **the waiting time** for rehabilitation services, only 8 out of 30 respondents reported having to wait.

In Balta community, there is only one bus equipped with a lift, which can be requested if needed.

Overall, the data suggest that most respondents either lacked access to a multidisciplinary team when receiving rehabilitation services or were not sufficiently informed about its availability. This may indicate disparities in service accessibility or insufficient dissemination of information.



The majority of respondents lack sufficient information about free rehabilitation services – only 18 out of 53 people are aware of them.

In Balta community, the most common source of information is the **family doctor**, who was consulted 25 times. **Social networks** (17) and **public associations** (16) also play a significant role, while 11 people relied on the **media**.

## Satisfaction with the Quality of Rehabilitation Service Provision: Identifying what was available or missing in the process

Satisfaction with rehabilitation services was assessed on a scale from 1 to 5:

- ✓ **A score of 5** was given by **11 respondent**, indicating a high level of satisfaction.
- ✓ **A score of 4** was given by **10 respondents**, reflecting a moderate level of satisfaction.
- ✓ **A score of 3** was given by **9 respondents**, suggesting a neutral attitude

**Problematic Aspects.** The primary issues include the lack of medical services, limited transport accessibility, an insufficient number of rehabilitation cycles,<sup>19</sup> the composition of specialist teams, and inadequate dissemination of information about available medical services.

<sup>19</sup> The rehabilitation cycle is a structured process of organizing rehabilitation care. It includes an initial rehabilitation assessment, goal setting, and defining rehabilitation objectives. Rehabilitation specialists prescribe, plan, and implement therapy programs, followed by a final rehabilitation assessment to evaluate the effectiveness of the provided care. <https://zakon.rada.gov.ua/laws/show/1268-2021-%D0%BF#Text>



The architectural accessibility of Balta Multidisciplinary Hospital is only partial. While the entrances are equipped with ramps, they do not always meet accessibility standards. The hospital has both a service elevator and a passenger elevator. Although the ramps do not fully comply with modern accessibility requirements, they are still functional.

The surrounding area is only conditionally accessible.

The main obstacles include the absence of standardized handrails, stair markings, and indicators for transparent glass structures, as well as the lack of designated parking spaces for persons with disabilities. Additional challenges include pedestrian paths that are not separated from vehicular routes, non-standard door widths, high thresholds, and difficulties with orientation.

As part of the study, an accessibility audit of the official website of **Balta Territorial Community** at [balta-rada.toolkit.in.ua](https://balta-rada.toolkit.in.ua) was conducted. It was found that the website was created using the “Svoi” platform (<https://toolkit.in.ua/>), which means that community representatives can influence only the accessibility of the content posted on the website, but not the accessibility of the platform’s interface itself.

The audit showed that the site has a high level of accessibility – 82% compliance with WCAG 2.1.

### Main Accessibility Issues Identified During the Study and Recommendations for Their Elimination

1. Some links and buttons lack accessible names that can be read by screen readers. This includes the search form button, the display mode switch button, and links to community pages on social media. As a result, blind users cannot identify or interact with these elements
2. Graphic elements do not include alternative text descriptions. For instance, images in news articles lack alternative text, and PDF documents do not contain a text layer, making them inaccessible
3. The contrast between text and background in certain elements does not meet the minimum WCAG requirements. For example, the gray text of links in the page footer has insufficient contrast. This low contrast can make the text inaccessible for people with visual impairments

There is no website for **Balta Multidisciplinary Hospital of Balta City Council**, but there is a Facebook page: [www.facebook.com/likarnyabalta/](https://www.facebook.com/likarnyabalta/), where information about the hospital’s activities (mostly news) is posted.

### Conclusions

Balta community has the potential to develop a system of rehabilitation services. To do this, it is necessary to:

- ✓ **Expand the inpatient department.** This will allow for longer and more comprehensive rehabilitation services.
- ✓ **Increase the number of specialists.** It is necessary to involve additional specialists, including prosthetists, psychotherapists, rehabilitation nurses and assistants.
- ✓ **Improve information accessibility.** Develop effective mechanisms for informing the population about available rehabilitation services.

- ✓ **Ensure transportation accessibility.** Take measures to improve transport accessibility to institutions providing rehabilitation services.
- ✓ **Increase the level of coordination.** Strengthen cooperation between medical institutions, social services and civil society organizations.

### ≡ To address these challenges, it is necessary to

- ✓ **Cooperate with charitable foundations and international organizations** to attract additional resources for the development of rehabilitation services.
- ✓ **Secure additional funding** by raising funds from state and local budgets, grants, and charitable contributions.
- ✓ **Enhance interpersonal communication** by strengthening the efforts of family doctors, social workers, and other professionals who can inform the public about available services.
- ✓ **Improve accessibility** by addressing transport, architectural, and digital accessibility of facilities.

### ≡ Recommendations for Further Action

- ✓ Conduct a detailed analysis of the population's needs for rehabilitation services.
- ✓ Design a comprehensive program to enhance the rehabilitation system within the community.
- ✓ Actively involve public organizations representing persons with disabilities in the development and implementation of the program.
- ✓ Ensure adequate funding for the program.
- ✓ Regularly assess the effectiveness of the services provided and make necessary adjustments to improve the program.





## 2.2. KODYMA TERRITORIAL COMMUNITY, ODESA REGION

### General description of the community

Kodyma territorial community, located in Odesa region, covers an area of 703 square kilometers and unites 21 settlements with a total population of 25,225 people.

### Features of rehabilitation services provision

- ✓ **Limited range of services.** A lack of both inpatient and outpatient rehabilitation options. Residents are compelled to seek rehabilitation at medical facilities elsewhere in the region.
- ✓ **Insufficient number of specialists.** The absence of a multidisciplinary team and essential specialists.
- ✓ **Infrastructure challenges.** Urgent need for the reconstruction of premises to accommodate outpatient rehabilitation.

### Facility providing medical and rehabilitation services

- ✓ **Kodyma Hospital**, which provides medical services (with a rehabilitation component) as part of the NHSU medical packages.

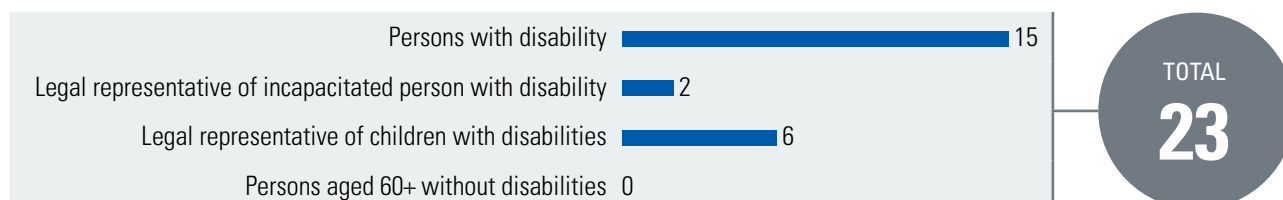
### Infrastructure and resources

- ✓ **Limited number of rooms.** There are only designated spaces for rehabilitation equipment.
- ✓ **Insufficient equipment.** The necessary equipment for various types of rehabilitation is lacking.

### Analysis of the population's use of rehabilitation services

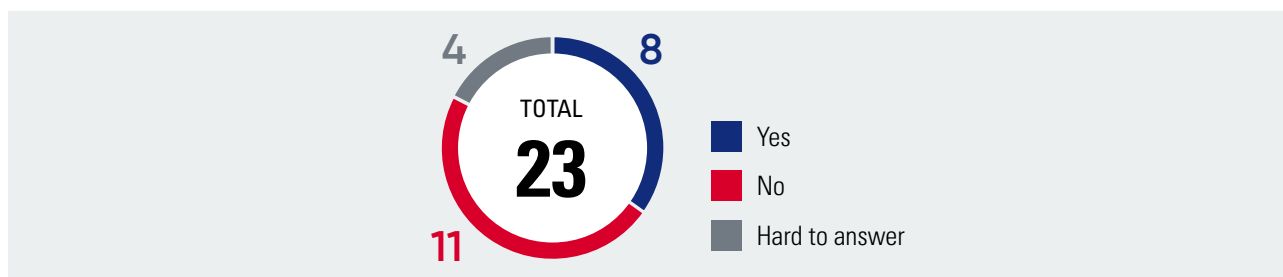
The public opinion survey on medical and rehabilitation services in **Kodyma community** involved **23 respondents**, including **14 women** and **9 men**. In particular, **4 people** received rehabilitation.

### Distribution of respondents by category



Residents of the Kodyma community most frequently sought rehabilitation services **within their oblast** (three times) and their **local community** (once). No community resident needed to seek rehabilitation services **outside the region**. No one had to wait for receiving rehabilitation support. However, **transport accessibility** was mentioned as a lacking factor in accessing rehabilitation services (2 persons).

During the project, Kodyma community **purchased a car for a social taxi service**.



The low awareness of rehabilitation services within the community highlights a general lack of information among residents.

For Kodyma community, the most common sources of information are **family doctors** (9 respondents) and **social networks** (7 respondents).

Satisfaction with rehabilitation services was assessed on a scale from 1 to 5:

- ✓ **A score of 4** was given by 2 respondents, indicating a moderate level of satisfaction.
- ✓ **A score of 3** was given by 2 respondents, reflecting a neutral stance.

**Problematic aspects:** Respondents pointed to insufficient rehabilitation hours, limited involvement in the development of individual rehabilitation plans, and the need to increase the number of rehabilitation cycles.

The website of **Kodyma City Council** ([kodyma-mr.gov.ua](http://kodyma-mr.gov.ua)) complies with WCAG 2.1 at a 74% level. However, as it is built on the [Vlada.ua](http://Vlada.ua) platform, the community faces limitations in addressing accessibility issues related to the interface.

### Main Issues

- ✓ Insufficient screen reader accessibility in multiple elements, including the photo gallery, the CAPTCHA in the feedback form, and the third-party provider's map.
- ✓ Issues with header semantics, such as missing category labels in document cards and incorrect alternative text for news images and random photos.
- ✓ Low contrast between white text and blue buttons, making it difficult to read for visually impaired users.
- ✓ Navigation difficulties using a keyboard, particularly the inability to access the Site Menu button and links designed for users with visual impairments.
- ✓ Incorrect accessibility labels and duplicate link names in the photo album and the Public Procurement section, causing confusion for users.
- ✓ Absence of instructions for form fields and examples of data entry formats, making it challenging to complete forms correctly.

### Conclusions and recommendations

- ✓ **Enhancing information accessibility.** Strengthen awareness campaigns about available rehabilitation services.
- ✓ **Expanding service offerings.** Broaden the range of rehabilitation services and establish specialized units.



- ✓ **Upgrading infrastructure and equipment.** Renovate outpatient rehabilitation facilities and equip them with the necessary resources.
- ✓ **Increasing the number of specialists.** Develop a multidisciplinary team and engage the required professionals.
- ✓ **Improving the community website.** In particular, enhance accessibility by incorporating alternative text, adding clear instructions for form fields, and optimizing the semantic structure of headings.

### ≡ To address these challenges, it is necessary to

- ✓ **Collaborate with charitable foundations and international organizations,** securing additional resources for the development of rehabilitation services.
- ✓ **Mobilize additional funding,** including allocations from state and local budgets, grants, and charitable contributions.
- ✓ **Enhance interpersonal communication,** strengthening the efforts of family doctors, social workers, and other professionals in informing the public about available services.
- ✓ **Improve accessibility,** with a focus on transport, architectural, and digital accessibility of facilities.

### ≡ Recommendations for further action

- ✓ Conduct a detailed analysis of the population's needs for rehabilitation services.
- ✓ Develop a comprehensive program for developing the community's rehabilitation system.
- ✓ Engage public organizations of persons with disabilities in the development and implementation of the program.
- ✓ Secure funding for the program.
- ✓ Regularly assess the effectiveness of the provided services and make necessary adjustments to the program.

## 2.3. BRODY TERRITORIAL COMMUNITY, LVIV REGION

### General description of the community

Brody territorial community, located in Lviv region, covers an area of 642,8 square kilometers and unites 51 settlements with a total population of 36,621 people

### Features of rehabilitation services provision

- ✓ **Lack of approved NHSU rehabilitation packages.** This greatly restricts the availability and scope of rehabilitation services for community residents, forcing them to seek rehabilitation elsewhere – either in other communities or in the regional center.
- ✓ **Referrals outside the community.** Some residents, particularly children with disabilities and individuals with complex conditions, must travel to medical facilities in Lviv for rehabilitation.

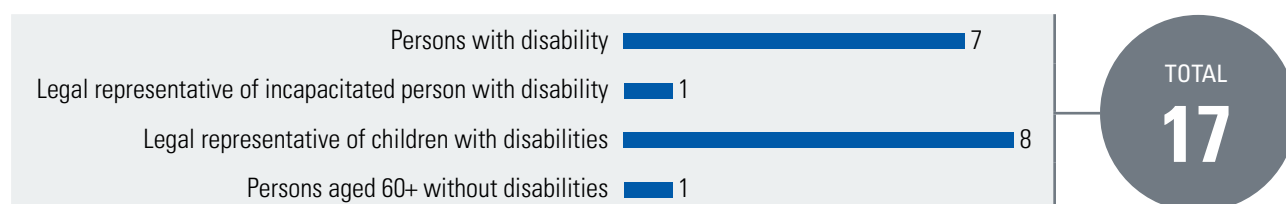
### Facilities offering medical and rehabilitation services

- ✓ **Brody Central City Hospital** – Provides medical services, including rehabilitation, as part of NHSU medical packages. The facility includes a physical therapy room and exercise therapy services.
- ✓ **Brody District Center for Comprehensive Rehabilitation of Persons with Disabilities** – Offers comprehensive rehabilitation for people with disabilities, including early intervention services.

### Analysis of the population's use of rehabilitation services

A public opinion survey on medical and rehabilitation services in Brody community included **17 respondents – 5 women and 12 men**. In particular, **10 respondents** had received rehabilitation services.

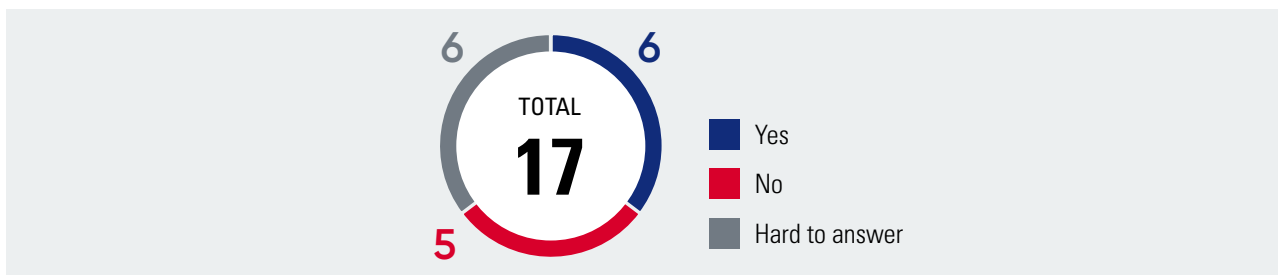
### Distribution of respondents by category



In Brody community, respondents received rehabilitation services **8 times at their place of residence, twice** within the region, and never sought rehabilitation outside the region. Only one person had **to wait** for rehabilitation.

In Brody community, **four routes are equipped with lifts**.

The hesitation of a significant number of respondents in answering questions about free rehabilitation services highlights the need to improve the awareness of the community residents on this issue.



In Brody community, the primary sources of information are **social networks** (9 respondents). Fewer people seek information from **friends** (6) and **family doctors** (6).

Satisfaction with rehabilitation services was assessed on a scale from 1 to 5:

- ✓ **A score of 5** was given by 5 respondents, indicating a high level of satisfaction.
- ✓ **A score of 4** was given by 4 respondents, indicating a moderate level of satisfaction.
- ✓ **A score of 2** was given by 1 respondent, indicating a moderate level of dissatisfaction.

**Problematic Aspects:** The main challenges include a lack of awareness and a limited range of available services.

**Architectural accessibility** at Brody Central City Hospital is generally available. The entrances to the main building and the maternity ward are equipped with ramps, while the main building has an elevator only. However, the ramps do not fully meet modern accessibility standards, though they remain functional.

The surrounding area is conditionally accessible for most people with mobility impairments, but one of the pedestrian pathways has obstacles, and the surface has multiple defects.

**The primary accessibility barriers** include the inaccessibility of the second floor of the maternity hospital for wheelchair users, the absence of standard handrails, lack of markings on stairs and transparent glass structures, the absence of designated parking spaces for people with disabilities, pedestrian traffic not being separated from vehicle traffic, non-standard door widths, the presence of thresholds, and difficulties with orientation.

The audit of **Brody City Council website** ([mrbrody.dosvit.org.ua](http://mrbrody.dosvit.org.ua)) found that it complies with WCAG 2.1 at a level of 68%. The site is built on the [Dosvit.org.ua](http://Dosvit.org.ua) platform, which restricts the community's ability to modify the interface in terms of accessibility. The community's responsibility is limited to ensuring content accessibility only.

### ≡ Main Issues

- ✓ Lack of accessible labels for icons and images, particularly in the interactive map and news sections. This creates difficulties for users with visual impairments when navigating the website.
- ✓ Incorrect semantic structuring of headings and subheadings, disrupting the logical flow of navigation.
- ✓ Low text contrast, especially when using gray on gradient or photographic backgrounds, reducing readability for users with visual impairments.
- ✓ The screen reader focus does not always shift to essential elements, such as the authorization dialog and the main menu.



- ✓ Absence of navigation guides and accessible labels in widgets, including pagination and the feedback form.
- ✓ Issues with form layout, such as the lack of autocomplete support, missing or unclear error messages, and uninformative control labels.

### ≡ Conclusions and recommendations

- ✓ **Expanding the range of rehabilitation services in the community.** It is essential to sign NHSU rehabilitation packages to increase the availability of services.
- ✓ **Improving the material and technical infrastructure.** Upgrading equipment and creating specialized spaces for different types of rehabilitation is necessary.
- ✓ **Increasing the number of specialists.** Additional professionals need to be recruited to ensure a comprehensive approach to rehabilitation.
- ✓ **Enhancing information accessibility.** Effective mechanisms must be developed to inform the public about available services.
- ✓ **Addressing transportation challenges.** It is crucial to ensure access to rehabilitation services for residents of remote settlements.

### ≡ To address these challenges, it is necessary to

- ✓ **Collaborate with charitable foundations and international organizations,** securing additional resources for the development of rehabilitation services.
- ✓ **Mobilize additional funding,** including allocations from state and local budgets, grants, and charitable contributions.
- ✓ **Enhance interpersonal communication,** strengthening the efforts of family doctors, social workers, and other professionals in informing the public about available services.
- ✓ **Improve accessibility,** with a focus on transport, architectural, and digital accessibility of facilities.

### ≡ Recommendations for further action

- ✓ Conduct a detailed analysis of the population's needs for rehabilitation services.
- ✓ Develop a comprehensive program for developing the community's rehabilitation system.
- ✓ Engage public organizations of persons with disabilities in the development and implementation of the program.
- ✓ Secure funding for the program.
- ✓ Regularly assess the effectiveness of the provided services and make necessary adjustments to the program.



## 2.4. ZHOVKVA TERRITORIAL COMMUNITY, LVIV REGION

### General description of the community

Zhovkva territorial community, located in Lviv region, covers an area of 454,3 square kilometers and unites 49 settlements with a total population of 34,431 people.

### Features of rehabilitation services provision

- ✓ **Lack of specialized units.** There are no outpatient and inpatient rehabilitation services for adults in the community.
- ✓ **Cooperation with other organizations.** The community collaborates with other organizations to expand the range of services.

### Facility providing medical and rehabilitation services

- ✓ **Communal non-commercial enterprise “Zhovkva Hospital,”** offering medical services (including a rehabilitation component) as part of the NHSU packages.

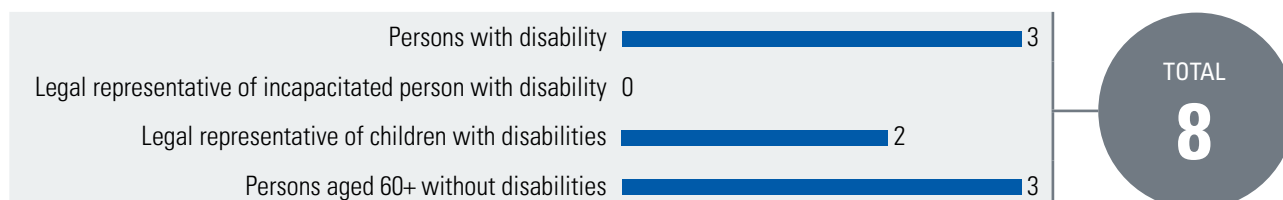
### Infrastructure and resources

- ✓ **Lack of rooms and equipment** to provide various types of rehabilitation, including physical therapy, occupational therapy, speech therapy, and psychological assistance.
- ✓ **Lack of an inpatient department** for long-term rehabilitation.

### Analysis of the population's use of rehabilitation services

The public opinion survey on medical and rehabilitation services in Zhovkva community included **8 respondents** – **4 women** and **4 men**. In particular, **3 respondents** had received rehabilitation services.

### Distribution of respondents by category



In Zhovkva community, respondents received rehabilitation services **4 times within their community** (in the inclusive resource center), and **4 times – within the region**. None of the 3 persons had to wait for rehabilitation. Two people had to wait for transport accessibility during the rehabilitation.

Zhovkva community has **one fixed-route minibus equipped with a lift**.

In Zhovkva community, most of the respondents mentioned **family doctor** (6) as the primary source of information about rehabilitation services, followed by **social networks** (3) and **acquaintances** (3).

Satisfaction with rehabilitation services was assessed on a scale from 1 to 5:

- ✓ **A score of 4** was given by 2 respondents, indicating a moderate level of satisfaction.
- ✓ **A score of 3** was given by 1 respondent, indicating a neutral position.

The audit of the web-site of **Zhovkva City Council** ([zhovkva-rada.gov.ua](http://zhovkva-rada.gov.ua)) found that it complies with WCAG 2.1 at a level of 76 %. The website is based on CMS TYPO3 platform, which gives community representatives the opportunity to fix all identified accessibility issues on their own.

### ≡ Main Issues

- ✓ Incorrect or missing alternative text for images, including the absence of descriptions in image view dialogs and advertisements.
- ✓ Issues with heading semantics, such as improper use of first-level headings, lack of informative headings, and the misuse of headings for visual styling.
- ✓ Insufficient text contrast, particularly white text on photos and slides, which reduces readability for people with visual impairments.
- ✓ Keyboard navigation issues, including malfunctioning submenus and missing visual focus indicators.
- ✓ Inadequate link descriptions that are not recognized by screen readers, as well as duplicate titles in news sections.
- ✓ Missing accessible labels for slider controls, document links, and social media widgets.
- ✓ Slide transitions in the main slider are not voiced out by screen reader.

### ≡ Conclusions and Recommendations

- ✓ **Improving the material and technical infrastructure.** It is necessary to equip a room for occupational therapy and physical therapy.
- ✓ **Enhancing collaboration with public organizations.** The cooperation with the NGO “Women and Children with Disabilities in the Northern Donbas” is a positive example.
- ✓ **Enhancing information and digital accessibility.** Effective mechanisms must be developed to inform, using accessible formats and alternative texts and headers, the public about available services.

### ≡ To address these challenges, it is necessary to

- ✓ **Collaborate with charitable foundations and international organizations**, securing additional resources for the development of rehabilitation services.
- ✓ **Mobilize additional funding**, including allocations from state and local budgets, grants, and charitable contributions.
- ✓ **Enhance interpersonal communication**, strengthening the efforts of family doctors, social workers, and other professionals in informing the public about available services.
- ✓ **Improve accessibility**, with a focus on transport, architectural, and digital accessibility of facilities.



### ☰ Recommendations for further action

- ☑ Conduct a detailed analysis of the population's needs for rehabilitation services.
- ☑ Develop a comprehensive program for developing the community's rehabilitation system.
- ☑ Engage public organizations of persons with disabilities in the development and implementation of the program.
- ☑ Secure funding for the program.
- ☑ Regularly assess the effectiveness of the provided services and make necessary adjustments to the program.

## 2.5. DYKANKA TERRITORIAL COMMUNITY, POLTAVA REGION

### General description of the community

Dykanka territorial community, located in Poltava region, covers an area of 679 square kilometers and unites 59 settlements with a total population of 18,062 people.

### Features of rehabilitation services provision

- ✓ **Limited range of services.** Outpatient rehabilitation assistance for adults is missing in the territory of the community.
- ✓ **Insufficient material and technical infrastructure.** The absence of specialized units and rooms for rehabilitation.
- ✓ **Staff shortage.** Insufficient number of specialists for delivering rehabilitation services.

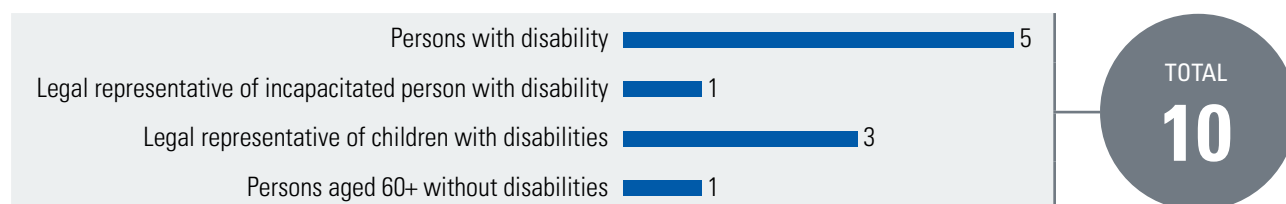
### Facility providing medical and rehabilitation services

- ✓ **Communal non-commercial enterprise “Dykanka Hospital of Planned Treatment,”** which offers medical services (including a rehabilitation component) as part of the NHSU’s medical packages.

### Analysis of the population’s use of rehabilitation services

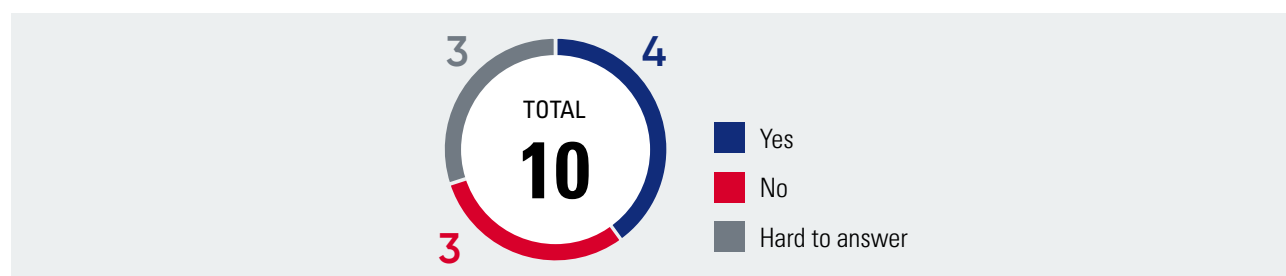
The public opinion survey on medical and rehabilitation services in Dykanka community included **10 respondents – 8 women and 2 men**. In particular, **3 respondents** had received rehabilitation services.

### Distribution of respondents by category



In Dykanka community, respondents applied for rehabilitation **3 times within their region** and once – **outside the region**. None of the respondents applied for rehabilitation **at their places of residence** within the community. Only two out of three people had **to wait** for rehabilitation.

Awareness of available rehabilitation services in the community is insufficient, as evidenced by the responses.





In Dykanka community, **family doctor** is the primary source of information (8 respondents), followed by **social media** (5 respondents). Some people obtained information from **public associations** (3 respondents). The level of usage of mass media and official web-sites is low.

Dykanka community considers creating a **social taxi service**.

Satisfaction with rehabilitation services was assessed on a scale from 1 to 5:

- ✓ **A score of 5** was given by 1 respondent, indicating a high level of satisfaction.
- ✓ **A score of 4** was given by 2 respondents, indicating a moderate level of satisfaction.
- ✓ **A score of 3** was given by 1 respondent, indicating a neutral position.

Architectural accessibility of **Dykanka Hospital of Planned Treatment** is largely absent. Only one entrance is equipped with a ramp. The central building only has a single elevator, providing only partial accessibility to certain areas of the building.

The surrounding area is inaccessible to almost all population groups with limited mobility and poses a significant risk of injury. Some pedestrian crossings lack proper curbs or regulatory slopes, obstacles obstruct movement paths, and the surface is riddled with defects).

The main barriers include the inaccessibility of most entrances and exits for people using wheelchairs, the absence of standard handrails, stair markings, and indicators for transparent glass structures; various obstacles along movement paths both outside and inside the building, including damaged road surfaces; the lack of designated parking spaces for people with disabilities; non-standard door widths, thresholds, and inaccessibility of sanitary facilities; and challenges in navigation and orientation.

Accessibility to the operating unit, located on the second floor of the main building, also presents difficulties. Although a crawler stair lift is available, it does not ensure full accessibility. It can only be used by individuals in wheelchairs and requires ongoing maintenance as well as staff training on its operation.

The audit of the website of Dykanka Town Council ([dykanka-gromada.gov.ua](http://dykanka-gromada.gov.ua)), which is hosted on Dosvit.org.ua platform, revealed that it meets WCAG 2.1 compliance at a level of 68%. Since the platform limits the community's ability to modify the interface for improved accessibility, the community can only enhance the accessibility of the content itself.

### ≡ Main issues

- ✓ Lack of alternative text for images on news cards, video broadcasts, and the community boundary map, making it difficult for screen readers to interpret the content.
- ✓ Issues with header markup and the absence of a semantic structure in content elements, including missing headers before the social media widget.
- ✓ Low text contrast, particularly for white text on gradient or colored backgrounds, which reduces readability for people with visual impairments.
- ✓ Improper screen reader focus behavior, including failure to shift focus to the main menu after activation, lack of a visible keyboard focus indicator, and issues with sorting documents using the keyboard.
- ✓ Missing descriptive labels for links to documents and files, as well as for controls related to slider elements and the event calendar.



- ✓ Incorrect labeling and absence of accessible roles for various elements, such as filters, checkboxes, the text zoom bar, and accordions.

### ≡ Conclusions and recommendations

- ✓ **Expanding the scope of rehabilitation services.** Conditions must be created to provide both outpatient and inpatient rehabilitation for adults.
- ✓ **Improving the material and technical infrastructure.** Specialized spaces must be properly equipped to support various types of rehabilitation.
- ✓ **Increasing the number of specialists.** Additional professionals should be recruited to ensure a comprehensive approach to rehabilitation.
- ✓ **Enhancing information and digital accessibility.** Effective mechanisms must be developed to inform the public about available services, utilizing accessible formats, alternative texts, and clear headers.

### ≡ To address these challenges, it is necessary to

- ✓ **Collaborate with charitable foundations and international organizations,** securing additional resources for the development of rehabilitation services.
- ✓ **Mobilize additional funding,** including allocations from state and local budgets, grants, and charitable contributions.
- ✓ **Enhance interpersonal communication,** strengthening the efforts of family doctors, social workers, and other professionals in informing the public about available services.
- ✓ **Improve accessibility,** with a focus on transport, architectural, and digital accessibility of facilities.

### ≡ Recommendations for further action

- ✓ Conduct a detailed analysis of the population's needs for rehabilitation services.
- ✓ Develop a comprehensive program for developing the community's rehabilitation system.
- ✓ Engage public organizations of persons with disabilities in the development and implementation of the program.
- ✓ Secure funding for the program.
- ✓ Regularly assess the effectiveness of the provided services and make necessary adjustments to the program.



## 2.6. LUBNY TERRITORIAL COMMUNITY, POLTAVA REGION

### General description of the community

Lubny territorial community, located in Poltava region, covers an area of 1076.1 square kilometers and unites 63 settlements with a total population of 67,483 people.

### Facilities providing rehabilitation services

- ✓ **Lubny Hospital of Intensive Treatment**, providing medical and rehabilitation assistance in outpatient and inpatient settings.
- ✓ **Lubny City Center for Comprehensive Rehabilitation of Children with Disabilities**, providing rehabilitation services for children.

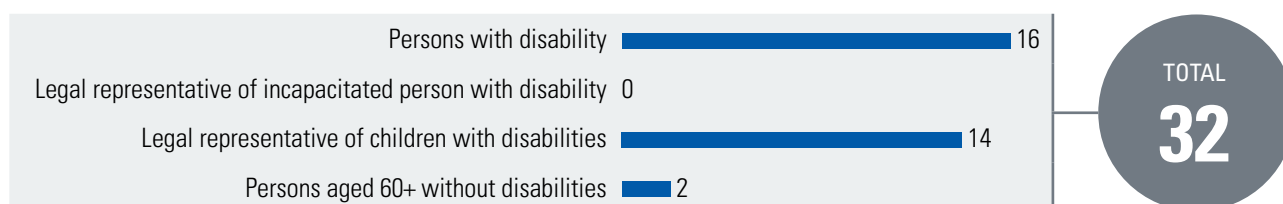
### Material and technical infrastructure

- ✓ **Availability of specialized rooms.** Provision with the necessary premises for various types of rehabilitation.
- ✓ **Insufficient number of medical and rehabilitation equipment.** The absence of equipment for prosthetics and ultrasound examinations.

### Analysis of the population's use of rehabilitation services

The public opinion survey on medical and rehabilitation services in Lubny community included **32 respondents – 14 women and 18 men**. In particular, **20 respondents** had received rehabilitation services.

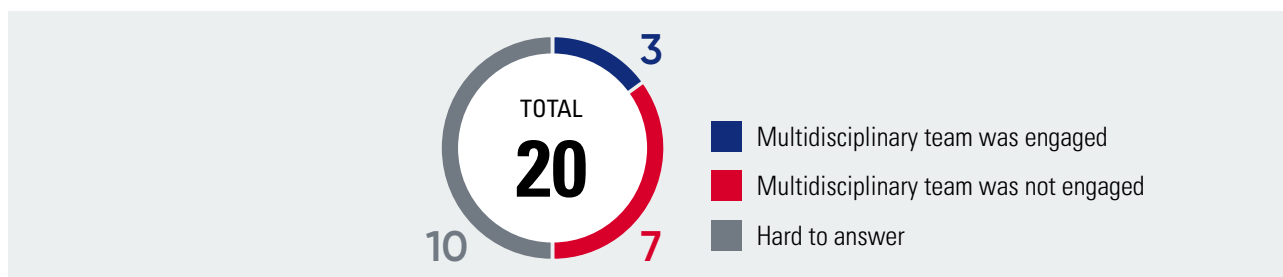
### Distribution of respondents by category



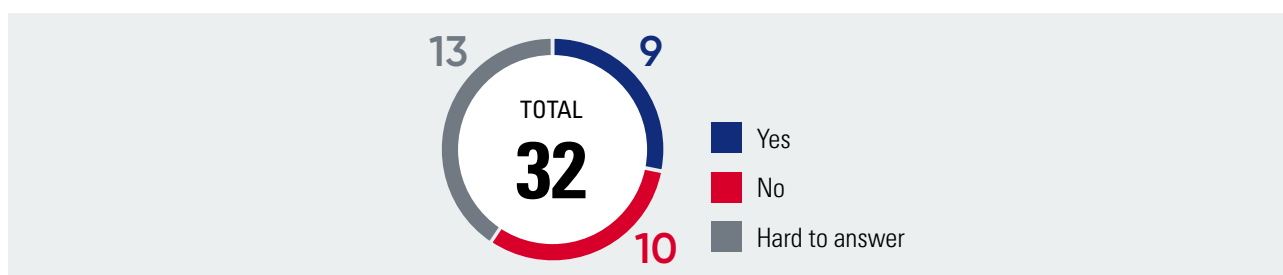
The residents of Lubny community most frequently received rehabilitation services **within their community** (10 times) or **within their region** (9 times), though in some cases, they had to seek services **outside the region** (3 times). At the same time, transportation accessibility was among the top three factors that respondents found **lacking** when receiving rehabilitation. As for the **waiting time** for rehabilitation services, only 4 out of 20 respondents had to wait.

Lubny community provides **social taxi services** only to people registered with the social service.

The majority of respondents were unable to give a definite answer regarding the involvement of a multidisciplinary team, indicating a lack of awareness.



Most respondents were unaware of the availability of free rehabilitation services or struggled to suggest ways to better inform the community about them.



In Lubny community, **family doctor** is the primary source of information (13 respondents) and **acquaintances or friends** (15 respondents), with relatively equal access to various sources.

Satisfaction with rehabilitation services was assessed on a scale from 1 to 5:

- ✓ **A score of 5** was given by 6 respondents, indicating a high level of satisfaction.
- ✓ **A score of 4** was given by 5 respondents, indicating a moderate level of satisfaction.
- ✓ **A score of 3** was given by 7 respondents, indicating a neutral position.
- ✓ **A score of 2** was given by 2 respondents, indicating a moderate level of dissatisfaction.

The audit of the website of **Lubny community** ([lubnyrada.gov.ua](http://lubnyrada.gov.ua)), which is based on Joomla platform, revealed its compliance with WCAG 2.1 standards at a level of 72%. Community representatives have full control over the site, enabling them to independently address all identified accessibility issues.

## Main Issues

- ✓ Incorrect alternative texts for images, making it difficult for users with visual impairments to interpret content.
- ✓ Insufficient semantic structure in headings and lists, including improper markup of tables and lists in various sections of the site.
- ✓ Poor text contrast, such as white text on a red button, which does not meet minimum contrast requirements.
- ✓ Lack of keyboard access to submenus in the main menu and footer menu, hindering navigation for keyboard users.
- ✓ English-language labels for interface elements, such as in the slider and search form, which may be unclear to Ukrainian-speaking users.



- ✓ Incorrect labels in the electronic application form and the absence of example inputs, potentially confusing users when completing forms.
- ✓ Focus-related issues, including focus extending beyond the photo gallery dialog and slider elements remaining accessible even when inactive.

### ≡ Conclusions and recommendations

- ✓ **Enhancing information dissemination.** Strengthening awareness campaigns about available rehabilitation services.
- ✓ **Expanding the scope of services.** Broadening the range of rehabilitation services and establishing specialized units.
- ✓ **Upgrading material and technical infrastructure.** Equipping additional facilities and procuring essential rehabilitation equipment.
- ✓ **Increasing the number of specialists.** Adding the lacking members to multidisciplinary rehabilitation team and engaging relevant specialists.
- ✓ **Improving accessibility.** Addressing transport, architectural, and digital accessibility in the facilities.

### ≡ To address these challenges, it is necessary to

- ✓ **Collaborate with charitable foundations and international organizations,** securing additional resources for the development of rehabilitation services.
- ✓ **Mobilize additional funding,** including allocations from state and local budgets, grants, and charitable contributions.
- ✓ **Enhance interpersonal communication,** strengthening the efforts of family doctors, social workers, and other professionals in informing the public about available services.

### ≡ Recommendations for further action

- ✓ Conduct a detailed analysis of the population's needs for rehabilitation services.
- ✓ Develop a comprehensive program for developing the community's rehabilitation system.
- ✓ Engage public organizations of persons with disabilities in the development and implementation of the program.
- ✓ Secure funding for the program.
- ✓ Regularly assess the effectiveness of the provided services and make necessary adjustments to the program.

## 2.7. ZVIAHEL TERRITORIAL COMMUNITY, ZHYTOMYR REGION

### General description of the community

Zviahel territorial community, located in Zhytomyr region, covers an area of 254.11 square kilometers and unites 15 settlements with a total population of 61,603 people.

### Features of rehabilitation services provision

- ✓ **An extensive network of facilities.** Several facilities provide various types of rehabilitation services.
- ✓ **Availability of a multidisciplinary team.** A team of specialists operates at Zviahel Multidisciplinary Hospital.
- ✓ **Shortage of certain specialists.** The lack of psychotherapists and prosthetist-orthotists.

### Facilities providing rehabilitation services

- ✓ **Zviahel Multidisciplinary Hospital**, offering a broad range of rehabilitation services for adults and children.
- ✓ **Center for Comprehensive Rehabilitation of Children with Disabilities**, providing comprehensive rehabilitation services for children with disabilities.

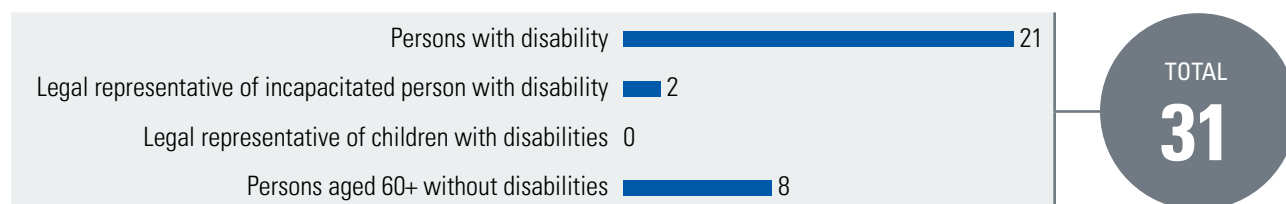
### Material and technical infrastructure

- ✓ **Availability of specialized facilities.** Ensuring access to appropriate facilities for various types of rehabilitation.
- ✓ **Insufficient equipment.** Lack of necessary equipment for prosthetic services.

### Analysis of the population's use of rehabilitation services

The public opinion survey on medical and rehabilitation services in Zviahel community included **31 respondents** – **14 women** and **17 men**. In particular, **5 respondents** had received rehabilitation services.

### Distribution of respondents by category

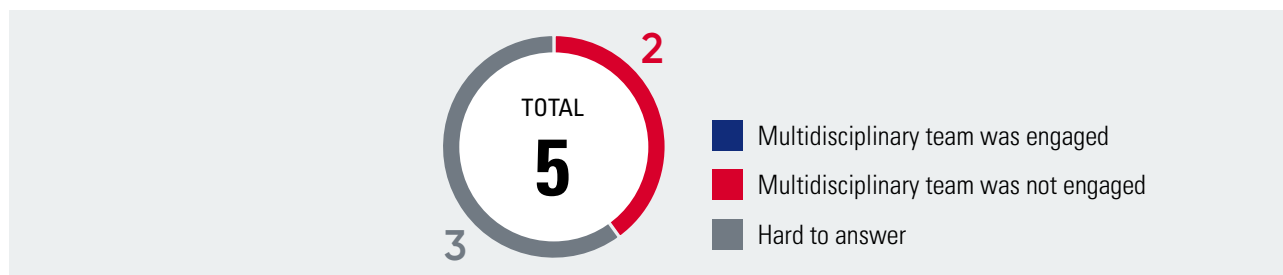


Most of the respondents applied for rehabilitation services **within their region** (4 times) or **within their place of residence** (2 times), though they never applied for such services **outside the region**. Only one person out of 5 respondents who had applied for services **had to wait**.

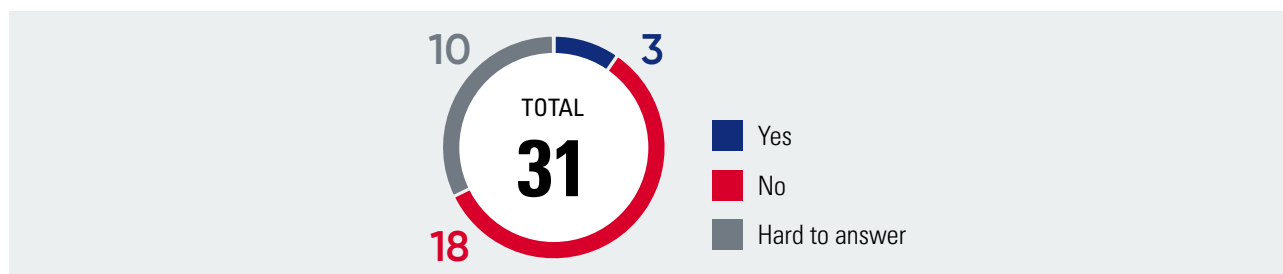


Zviahel community uses a **minibus**, purchased by philanthropists, for the rehabilitation center.

Overall, the data indicates that respondents have limited awareness of the existence of a multidisciplinary rehabilitation team, which may suggest uneven access to services or inadequate information dissemination.



Most respondents either **lack sufficient information** about free rehabilitation services or struggle to answer, indicating a general lack of patient awareness.



In Zviahel community, the main sources of information are **family doctors** (21 respondents) and **friends or acquaintances** (17 respondents), as well as much information is obtained from **media** (18 respondents)

Satisfaction with rehabilitation services was assessed on a scale from 1 to 5:

- ✓ **A score of 4** was given by 1 respondent, indicating a moderate level of satisfaction.
- ✓ **A score of 3** was given by 2 respondents, indicating a neutral position.
- ✓ **A score of 2** was given by 2 respondents, indicating a moderate level of dissatisfaction.

The audit of the website of **Zviahel community** ([info.nvrada.gov.ua](http://info.nvrada.gov.ua)) revealed that it complies with WCAG 2.1 standards at a level of 78%. The website is based on WordPress platform, enabling the community representatives to independently address identified issues.

### ≡ Main issues

- ✓ **Lack of screen reader accessibility** in photo reports, image viewers, sliders, and shelter maps, limiting access to important information for users with visual impairments.
- ✓ **Issues with heading semantics** – for instance, headings in the accessibility panel and publication titles are not assigned appropriate tags, disrupting navigation logic.
- ✓ **Low text contrast**, particularly in menus, tags, and hover links, reducing usability for individuals with visual impairments.
- ✓ **No support for keyboard navigation** in the Hotline Chatbot widget and submenus, along with the absence of a mechanism to skip navigation.



- ✓ **Incorrect or untranslated labels** on some interface elements, such as buttons for adjusting font size and website colors, which may be unclear to Ukrainian-speaking users.
- ✓ **Insufficiently descriptive labels** for social media links, content-sharing widgets, and embedded elements such as maps and video players.

### ≡ Conclusions and recommendations

- ✓ **Enhancing information dissemination.** Strengthening awareness campaigns about available rehabilitation services.
- ✓ **Increasing the number of specialists.** Engaging a psychotherapist and an orthotist.
- ✓ **Improving service quality.** Focusing on the attitude of service providers toward patients.
- ✓ **Broadening the scope of services.** Exploring the possibility of establishing new rehabilitation centers specializing in specific types of rehabilitation.
- ✓ **Improving accessibility.** Addressing transport, architectural, and digital accessibility of facilities.

### ≡ To address these challenges, it is necessary to

- ✓ **Collaborate with charitable foundations and international organizations**, securing additional resources for the development of rehabilitation services.
- ✓ **Mobilize additional funding**, including allocations from state and local budgets, grants, and charitable contributions.
- ✓ **Enhance interpersonal communication**, strengthening the efforts of family doctors, social workers, and other professionals in informing the public about available services.

### ≡ Recommendations for further action

- ✓ Conduct a detailed analysis of the population's needs for rehabilitation services.
- ✓ Develop a comprehensive program for developing the community's rehabilitation system.
- ✓ Engage public organizations of persons with disabilities in the development and implementation of the program.
- ✓ Secure funding for the program.
- ✓ Regularly assess the effectiveness of the provided services and make necessary adjustments to the program.



## 2.8. KOROSTEN TERRITORIAL COMMUNITY, ZHYTOMYR REGION

### General description of the community

Korosten city territorial community, located in Zhytomyr region, covers an area of 816.6 square kilometers and unites 43 settlements with a total population of 72,800 people.

### Features of rehabilitation services provision

- ✓ **Availability of several facilities.** The community has several facilities providing various types of rehabilitation services.
- ✓ **Multidisciplinary team.** Korosten Central City Hospital has a team of specialists from multiple disciplines.
- ✓ **Shortage of certain specialists.** An occupational therapy assistant, social worker, and prosthetist-orthotist are missing.
- ✓ **Infrastructure challenges.** Some specialized facilities, such as an occupational therapy room and a prosthetics room, are unavailable.

### Facilities providing rehabilitation services

- ✓ **Korosten Central City Hospital.** It provides medical rehabilitation for children and adults on an outpatient and inpatient basis, as well as for infants born prematurely and/or sickly during the first three years of life.
- ✓ **Center for Comprehensive Rehabilitation of Children with Disabilities “Source of Hope”.** It provides comprehensive rehabilitation for children with disabilities.
- ✓ **State Rehabilitation Center for Social and Psychological Rehabilitation.** It provides social and psychological rehabilitation.

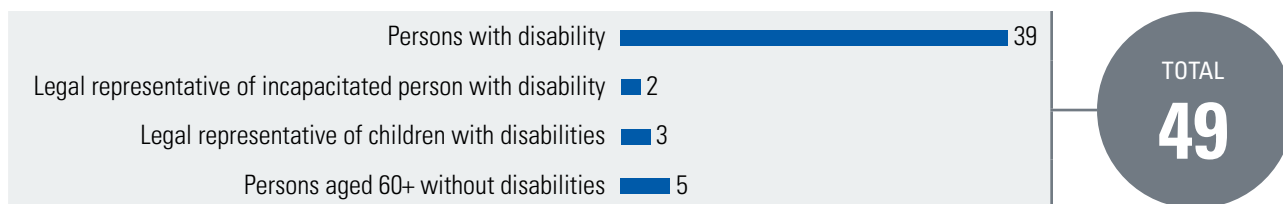
### Material and technical infrastructure

- ✓ **Availability of specialized rooms.** Provision with the necessary premises for various types of rehabilitation.
- ✓ **Lack of equipment.** The absence of equipment for prosthetics and some other types of rehabilitation.

### Analysis of the population’s use of rehabilitation services

The public opinion survey on medical and rehabilitation services in Korosten community included **49 respondents** – **32 women** and **17 men**. In particular, **10 respondents** had received rehabilitation services.

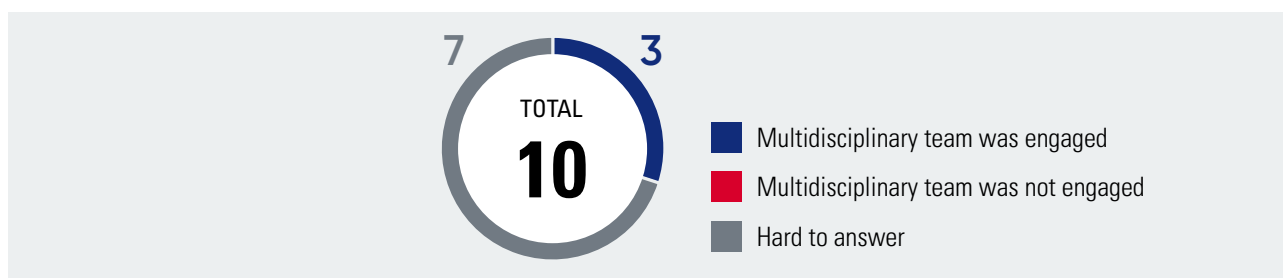
## Distribution of respondents by category



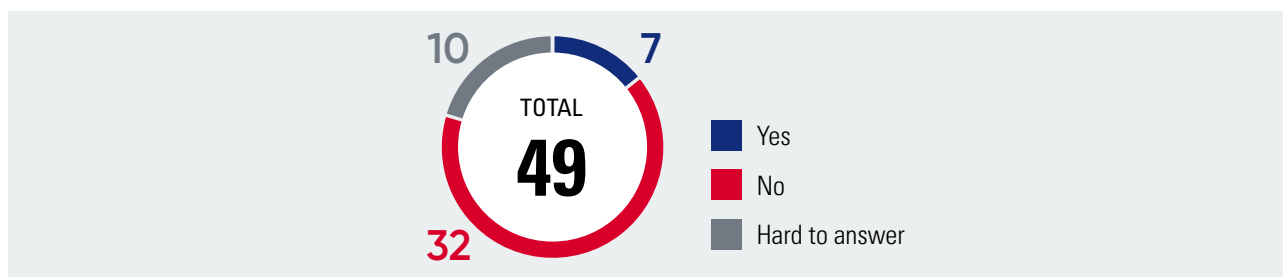
Residents of Korosten community received rehabilitation services **within their region** 8 times and **within the community** 8 times. Out of the 18 individuals who accessed rehabilitation, only two sought services **outside the region**. Seven people had **to wait for rehabilitation services**, while three received them without delay. At the same time, **transportation accessibility** was among the top four factors that respondents identified as **lacking** when receiving rehabilitation.

Korosten community has **a social taxi service**, but it is currently non-operational due to the absence of a driver.

The data indicate that not a single person in Korosten community reported that the multidisciplinary team was uninvolved. However, the majority of respondents struggled to answer this question, which suggests a lack of awareness regarding the team's work and its level of involvement.



The data highlight the need to improve communication and inform the population about available free rehabilitation services, as the responses regarding the awareness of available rehabilitation services in the community are distributed as follows:



The population of Korosten community primarily obtains information from **acquaintances or friends** (33 respondents), followed by a high level of **media** usage (35 respondents) and visits to a **family doctor** (26 respondents).

Satisfaction with rehabilitation services was assessed on a scale from 1 to 5:

- ✓ **A score of 5** was given by 2 respondents, indicating a high level of satisfaction.
- ✓ **A score of 4** was given by 5 respondents, indicating a moderate level of satisfaction.
- ✓ **A score of 3** was given by 3 respondents, indicating a neutral position.



**Architectural accessibility of Korosten Central City Hospital** is partial (either absent or minimal).

The surrounding area presents accessibility challenges for almost all individuals with limited mobility.

The main barriers for people using users include the inaccessibility of the second floors in two out of four hospital buildings, the absence of standardized ramps, handrails, staircase markings, and transparent glass structures, as well as the lack of designated parking spaces for people with disabilities. Additionally, pedestrian paths are not separated from vehicular routes, door widths are non-standard, thresholds are present, and navigation is difficult.

### ≡ Conclusions and recommendations

- ✓ **Enhancing information dissemination.** Strengthening awareness campaigns about available rehabilitation services.
- ✓ **Expanding the scope of services.** Broadening the range of rehabilitation services and establishing specialized units.
- ✓ **Upgrading material and technical infrastructure.** Equipping additional facilities and procuring necessary rehabilitation equipment.
- ✓ **Increasing the number of specialists.** Creating a multidisciplinary rehabilitation team and engaging necessary specialists.
- ✓ **Improving accessibility.** Addressing transport and architectural accessibility in the facilities.
- ✓ **Addressing the issue** of social taxi service functioning.

The audit of the website of **Korosten city community** ([korosten-rada.gov.ua](http://korosten-rada.gov.ua)) revealed that it complies with WCAG 2.1 standards at a 66% level , highlighting the need for accessibility improvement.

### ≡ Main accessibility issues and recommendations

- ✓ Some graphical elements of the site, such as icons in the notification panel and images in browsing dialogs, lack accessible labels, making them unusable for people with visual impairments.
- ✓ Many structural elements of the site do not have appropriate semantic markup: headings are not correctly labeled, lists are not properly defined, and tables lack accessible titles.
- ✓ The text in certain elements has insufficient contrast, particularly the gray text in the footer, tag text in news cards, and captions in video reports.
- ✓ Some interactive elements, such as the Hotline Chatbot widget and submenus, are inaccessible to keyboard users.
- ✓ The main page provides no mechanism for skipping navigation blocks.
- ✓ Keyboard focus is not visually indicated, making navigation difficult for users who rely on a keyboard.
- ✓ Website forms do not include examples of data entry formats or error messages.
- ✓ Many buttons, links, and other interactive elements lack accessible roles, labels, or states.

### ≡ To address these challenges, it is necessary to

- ✓ **Collaborate with charitable foundations and international organizations**, securing additional resources for the development of rehabilitation services.
- ✓ **Mobilize additional funding**, including allocations from state and local budgets, grants, and charitable contributions.
- ✓ **Enhance interpersonal communication**, strengthening the efforts of family doctors, social workers, and other professionals in informing the public about available services.

### ≡ Recommendations for further action

- ✓ Conduct a detailed analysis of the population's needs for rehabilitation services.
- ✓ Develop a comprehensive program for developing the community's rehabilitation system.
- ✓ Engage public organizations of persons with disabilities in the development and implementation of the program.
- ✓ Secure funding for the program.
- ✓ Regularly assess the effectiveness of the provided services and make necessary adjustments to the program.



## 2.9. IRSHAVA TERRITORIAL COMMUNITY, ZAKARPATTIA REGION

### General description of the community

Irshava city territorial community, located in Zakarpattia region, covers an area of 309.5 square kilometers and unites 20 settlements with a total population of 35,732 people.

### Features of rehabilitation services provision

- ✓ **Availability of rehabilitation services.** The community provides rehabilitation services in outpatient settings.
- ✓ **Absence of inpatient rehabilitation.** No inpatient department for long-term rehabilitation is available.
- ✓ **Multidisciplinary team.** Irshava City Hospital has a multidisciplinary team of specialists.
- ✓ **Shortage of certain specialists.** A prosthetist-orthotist, an occupation therapist assistant, and a physical therapist are missing.

### Facilities providing rehabilitation services

- ✓ **Irshava City Hospital,** providing rehabilitation assistance for adults and children in outpatient settings.
- ✓ **Irshava branch of the Communal regional facility “The Regional Center for Comprehensive Rehabilitation of Persons with Disabilities.”** It provides comprehensive rehabilitation for persons with disabilities.

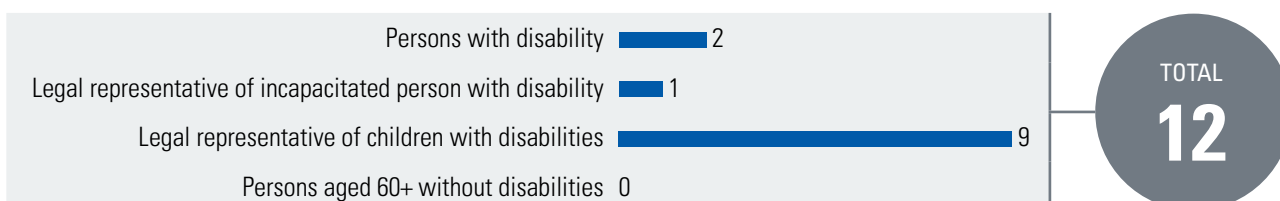
### Material and technical infrastructure

- ✓ **Availability of specialized rooms.** Provision with the necessary premises for various types of rehabilitation.
- ✓ **Lack of equipment,** resulting in the inability to deliver all types of rehabilitation services for individuals with various illnesses and disorders.

### Analysis of the population’s use of rehabilitation services

The public opinion survey on medical and rehabilitation services in Irshava community included **12 respondents – 4 women and 8 men**. All of the 12 respondents had received rehabilitation services.

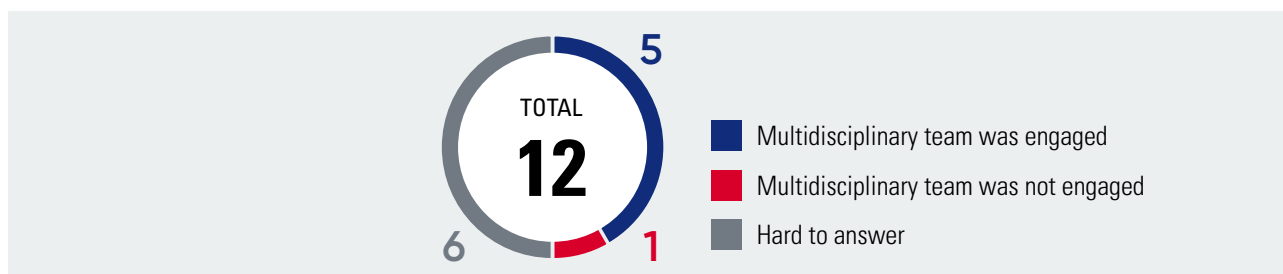
### Distribution of respondents by category



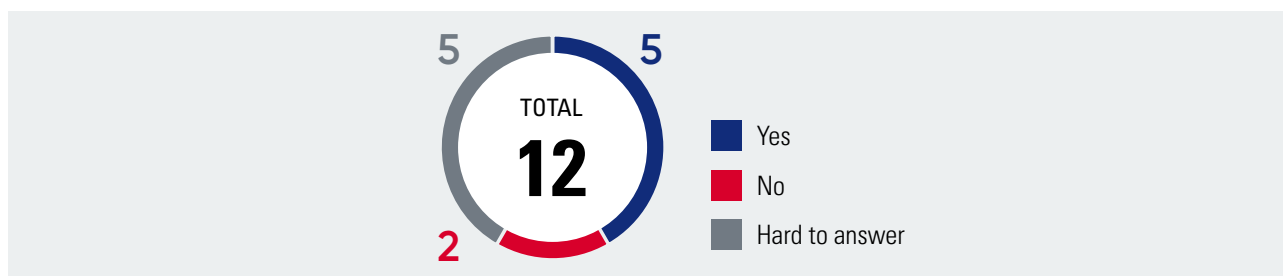


Most residents of Irshava community sought rehabilitation services **within their region** (9 times) or **within their community** (4 times), but never **outside the region**. Regarding **the waiting time** for rehabilitation services, 11 out of 12 respondents had to wait for access to these services.

A significant number of respondents were unable to confirm whether a multidisciplinary rehabilitation team had been involved, which indicates a low level of awareness regarding its role and activities.



Despite a high level of awareness about free rehabilitation services, a significant number of respondents hesitated to answer, which may suggest a lack of full awareness.



In Irshava community, **social networks** (5 respondents) are the most common source of information about rehabilitation, followed by **family doctors** (4 respondents) and **acquaintances or friends** (4 respondents).

Satisfaction with rehabilitation services was assessed on a scale from 1 to 5:

- ✓ **A score of 5** was given by 5 respondents, indicating a high level of satisfaction.
- ✓ **A score of 4** was given by 5 respondents, indicating a moderate level of satisfaction.
- ✓ **A score of 3** was given by 2 respondents, indicating a neutral position.

### Main Issues

Respondents highlighted the insufficient duration of rehabilitation hours, the lack of involvement in the development of individual plans, and the need for an increased number of rehabilitation cycles.

**Architectural accessibility at Irshava City Hospital** is largely absent. All ramps are non-standard and nearly impossible to use without third-party assistance.

The maternity ward has a service elevator, ensuring basic accessibility to the second floor. The main building is equipped with both service and passenger elevators.

The surrounding area is largely inaccessible to most people with limited mobility and poses safety risks (some pedestrian crossings lack proper curb cuts or standard slopes, movement paths are obstructed, and the surface has numerous irregularities and defects).



The main barriers include the inaccessibility of sanitary facilities, the absence of standard wheelchair entrances and exits, the lack of compliant handrails, missing markings on stairs and transparent glass structures, and various obstructions on pathways (both inside and outside). Additional challenges include broken road surfaces, a lack of designated parking spaces for people with disabilities, non-standard door widths, high thresholds, and difficulties in navigation.

**The website of Irshava City Council** (based on [Vlada.ua](https://vlada.ua) platform) complies with WCAG 2.1 at a 72% level.

### ≡ Main accessibility issues detected

- ✓ Lack of accessible labels in the **“Appeal to an Official”** section.
- ✓ The embedded map from a third-party provider is inaccessible.
- ✓ Uninformative image descriptions **in various sections**.
- ✓ Issues with the structure of headings and cards **in the news, documents, and announcements sections**.
- ✓ Incorrect text contrast **in menus and buttons**.
- ✓ The “Site Menu” button is inaccessible via keyboard and lacks status indication.
- ✓ The slider lacks a stopping mechanism.

### ≡ Conclusions and recommendations

- ✓ **Expanding the scope of services.** A dedicated inpatient department for long-term rehabilitation should be established.
- ✓ **Increasing the number of specialists.** Additional professionals should be involved, including an orthotic prosthetist, an occupational therapy assistant, and a physical therapist.
- ✓ **Enhancing service quality.** Emphasizing an individualized approach for each patient and actively involving them in the rehabilitation process
- ✓ **Improving accessibility.** Addressing transport, architectural, and digital accessibility of the facilities.

### ≡ To address these challenges, it is necessary to

- ✓ **Collaborate with charitable foundations and international organizations**, securing additional resources for the development of rehabilitation services.
- ✓ **Mobilize additional funding**, including allocations from state and local budgets, grants, and charitable contributions.
- ✓ **Enhance interpersonal communication**, strengthening the efforts of family doctors, social workers, and other professionals in informing the public about available services.

### ≡ Recommendations for further action

- ✓ Conduct a detailed analysis of the population’s needs for rehabilitation services.
- ✓ Develop a comprehensive program for developing the community’s rehabilitation system.
- ✓ Engage public organizations of persons with disabilities in the development and implementation of the program.
- ✓ Secure funding for the program.
- ✓ Regularly assess the effectiveness of the provided services and make necessary adjustments to the program.

## 2.10. MIZHHIRIA TERRITORIAL COMMUNITY, ZAKARPATTIA REGION

### General description of the community

Mizhhiria township community, located in Zakarpattia region, covers an area of 554.1 square kilometers and unites 21 settlements with a total population of 25,816 people.

### Features of rehabilitation services provision

- ✓ **Availability of rehabilitation services.** The community provides rehabilitation services on an outpatient basis.
- ✓ **Lack of inpatient rehabilitation.** No inpatient department for long-term rehabilitation is available.
- ✓ **Multidisciplinary team.** Mizhhiria District Hospital has a multidisciplinary team of various specialists.
- ✓ **Insufficient number of some specialists.** The lack of a social worker, psychotherapist and prosthetist-orthotist.

### Facilities offering rehabilitation services

- ✓ **Mizhhiria District Hospital,** which provides rehabilitation care to adults and children on an outpatient basis.
- ✓ **Mizhhiria branch of the Municipal Rehabilitation Institution “The Regional Center for Comprehensive Rehabilitation of Persons with Disabilities,”** which provides comprehensive rehabilitation for persons with disabilities.

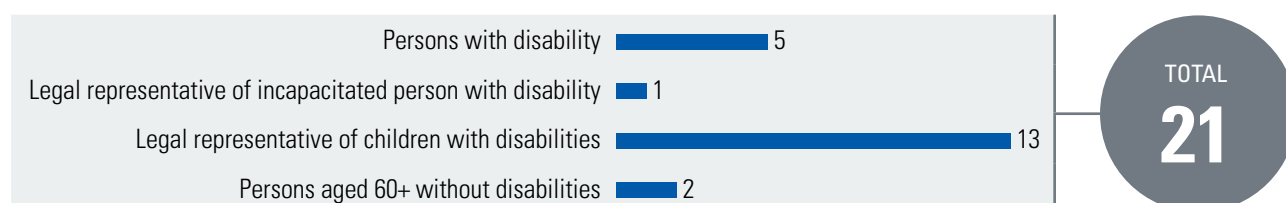
### Material and technical infrastructure

- ✓ **Availability of specialized rooms in the premises.** The rooms required for various types of rehabilitation are available.
- ✓ **Shortage of equipment.** Lack of equipment for prosthetics and some other types of rehabilitation.

### Analysis of the population’s use of rehabilitation services

The public opinion survey on medical and rehabilitation services in Mizhhiria community included **21 respondents** – **7 women** and **14 men**. In particular, **16 respondents** had received rehabilitation services.

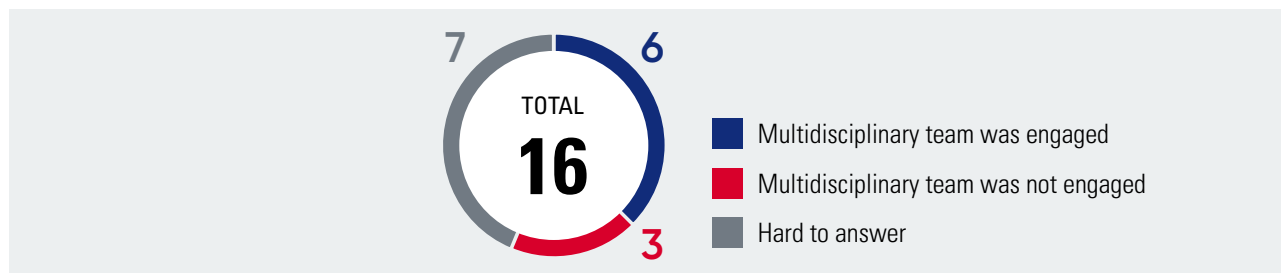
### Distribution of respondents by category



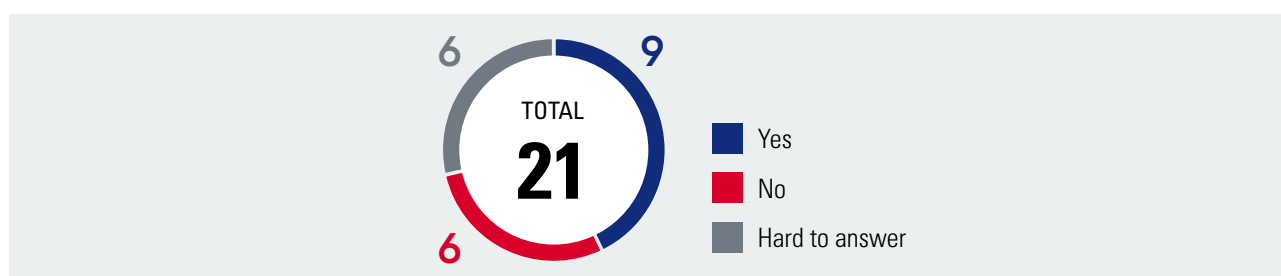


Residents of Mizhhiria community most frequently received rehabilitation services **within their region** (11 times) and **within their community** (5 times), although they sometimes had to seek services **outside the region** (2 times). **Transportation accessibility** was among the top factors that respondents identified as **lacking** when receiving rehabilitation.

The response “Hard to answer” suggests that patients lack sufficient awareness of how a multidisciplinary rehabilitation team operates.



Most of the population are aware of free services; however, some respondents hesitate to answer, indicating a lack of sufficient awareness on this issue.



In Mizhhiria community, **public associations** serve as the primary source of information on rehabilitation services (9 respondents), while some individuals seek information through **social networks** (8 respondents) or consult **family doctors** (6 respondents).

Satisfaction with rehabilitation services was assessed on a scale from 1 to 5:

- ✓ **A score of 5** was given by 8 respondents, indicating a high level of satisfaction.
- ✓ **A score of 4** was given by 5 respondents, indicating a moderate level of satisfaction.
- ✓ **A score of 3** was given by 2 respondents, indicating a neutral position.
- ✓ **A score of 2** was given by 1 respondent, indicating a moderate level of dissatisfaction.

The audit of Mizhhiria community website, [mizhgirska-gromada.gov.ua](http://mizhgirska-gromada.gov.ua), found that it complies with the standard at a rate of 74%. The website operates on [Vlada.ua](http://Vlada.ua) platform, which restricts the community's ability to modify the interface's accessibility, making content the primary area of their responsibility.

### ≡ Main Issues

- ✓ Visually hidden content is accessible to screen readers, which may cause confusion.
- ✓ The photo view dialog is not accessible to screen reader users.
- ✓ The Site Menu button cannot be activated via the keyboard and lacks an indication for screen readers.

- ✓ A third-party map is not accessible.
- ✓ The settings panel is not available to users with visual impairments.
- ✓ The text contrast in the menu is insufficient.
- ✓ Section headings lack semantic labels.

## ≡ Conclusions and recommendations

- ✓ **Enhancing information dissemination.** Strengthening awareness campaigns about available rehabilitation services.
- ✓ **Expanding the scope of services.** Broadening the range of rehabilitation services and establishing specialized departments.
- ✓ **Upgrading material and technical infrastructure.** Equipping additional facilities and procuring necessary rehabilitation equipment.
- ✓ **Increasing the number of specialists.** Creating a multidisciplinary rehabilitation team and engaging necessary specialists.
- ✓ **Improving accessibility.** Addressing transport, architectural, and digital accessibility in the facilities.

## ≡ To address these challenges, it is necessary to

- ✓ **Collaborate with charitable foundations and international organizations,** securing additional resources for the development of rehabilitation services.
- ✓ **Mobilize additional funding,** including allocations from state and local budgets, grants, and charitable contributions.
- ✓ **Enhance interpersonal communication,** strengthening the efforts of family doctors, social workers, and other professionals in informing the public about available services.

## ≡ Recommendations for further action

- ✓ Conduct a detailed analysis of the population's needs for rehabilitation services.
- ✓ Develop a comprehensive program for developing the community's rehabilitation system.
- ✓ Engage public organizations of persons with disabilities in the development and implementation of the program.
- ✓ Secure funding for the program.
- ✓ Regularly assess the effectiveness of the provided services and make necessary adjustments to the program.



## 2.11. KIVERTSI TERRITORIAL COMMUNITY, VOLYN REGION

### General description of the community

Kivertsy city territorial community, located in Volyn region, covers an area of 460.71 square kilometers and unites 24 settlements with a total population of 23,422 people.

### Features of rehabilitation services provision

- ✓ **Limited range of services.** The community area has no outpatient and inpatient rehabilitation assistance. No rooms for rehabilitation procedures are available.
- ✓ **Absence of specialists** to form a multidisciplinary rehabilitation team.
- ✓ **Lack of public awareness.** Most residents are not sufficiently informed about the availability of free rehabilitation services.

### Facility offering medical and rehabilitation services

- ✓ **Communal enterprise “St. Panteleimon Hospital of Kivertsy City Council.”** It provides medical services (including a rehabilitation component) as part of the NHSU’s medical packages.

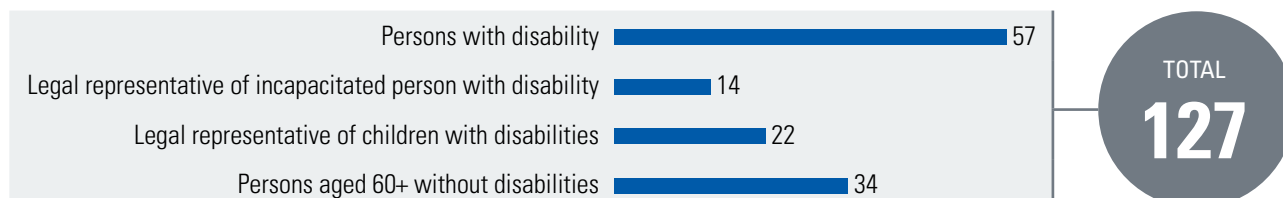
### Material and technical infrastructure

- ✓ **Limited number of rooms.** Only a massage room, a room for physiotherapy procedures, and a room for physical therapy are available.
- ✓ **Absence of rehabilitation equipment.**

### Analysis of the population’s use of rehabilitation services

The public opinion survey on medical and rehabilitation services in Kivertsy community included **127 respondents** – **70 women** and **57 men**. In particular, **74 respondents** had received rehabilitation services.

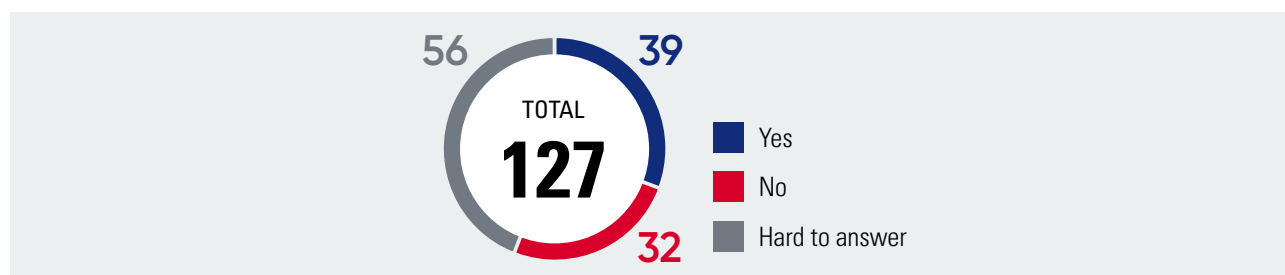
### Distribution of respondents by category



Residents of Kivertsy community sought rehabilitation services **within their region** (51 times) and received such services **at their places of residence** (35 times). They sought services **outside the region** 8 times only. Ten out of 74 respondents **to wait** for rehabilitation services.



Most of the respondents reported difficulty in determining which rehabilitation services they could receive free of charge, which highlights a lack of awareness. This suggests potential issues with access to information or inadequate communication from the relevant entities.



Residents of the Kivertsi community actively seek information from various sources, including **family doctors** (71 respondents), **social networks** (53 respondents), and **the media** (53 respondents).

Satisfaction with rehabilitation services was assessed on a scale from 1 to 5:

- ✓ **A score of 5** was given by 15 respondents, indicating a high level of satisfaction.
- ✓ **A score of 4** was given by 32 respondents, indicating a moderate level of satisfaction.
- ✓ **A score of 3** was given by 13 respondents, indicating a neutral position.
- ✓ **A score of 2** was given by 12 respondents, indicating a moderate level of dissatisfaction.
- ✓ **A score of 1** was given by 2 respondents, indicating a high level of dissatisfaction.

The audit of **the website of Kivertsi community** (<http://www.kivrada.gov.ua/>) revealed 72% compliance with the WCAG 2.1 standard. The website operates on [Vlada.ua](http://Vlada.ua) platform, which limits the community's ability to modify the interface for better accessibility. However, the community can still enhance the accessibility of the content.

## Main issues

- ✓ **Lack of alternative text** for images in the image preview dialog, as well as incorrect labels for links and images in news, announcements, and a third-party map, making them difficult to access for screen reader users.
- ✓ **Insufficient semantic structure** of headings in site sections such as news, announcements, and documents, which affects the navigation logic for users with visual impairments.
- ✓ **Low contrast** of white text on green buttons, reducing readability for people with visual impairments.
- ✓ **Navigation issues for keyboard users:** the "Site Menu" button and the "For people with visual impairments" link are inaccessible via the keyboard, and the date selection calendar is not compatible with screen reader users.
- ✓ **Incorrect accessible labels and duplicate link titles**, particularly in the Chatbots tab and the documents section, which may cause confusion for users.
- ✓ **Lack of instructions** for feedback form fields and missing examples of data entry formats, making it difficult for users to complete the forms.



### ≡ Conclusions and recommendations

- ✓ **Enhancing information dissemination.** Strengthening awareness campaigns about available rehabilitation services.
- ✓ **Expanding the scope of services.** Broadening the range of rehabilitation services and establishing specialized departments.
- ✓ **Upgrading material and technical infrastructure.** Equipping additional rooms for various types of rehabilitation.
- ✓ **Increasing the number of specialists.** Engaging additional specialists to ensure a comprehensive approach to rehabilitation.
- ✓ **Improving accessibility.** Addressing transport, architectural, and digital accessibility in the facilities.

### ≡ To address these challenges, it is necessary to

- ✓ **Collaborate with charitable foundations and international organizations,** securing additional resources for the development of rehabilitation services.
- ✓ **Mobilize additional funding,** including allocations from state and local budgets, grants, and charitable contributions.
- ✓ **Enhance interpersonal communication,** strengthening the efforts of family doctors, social workers, and other professionals in informing the public about available services.

### ≡ Recommendations for further action

- ✓ Conduct a detailed analysis of the population's needs for rehabilitation services.
- ✓ Develop a comprehensive program for developing the community's rehabilitation system.
- ✓ Engage public organizations of persons with disabilities in the development and implementation of the program.
- ✓ Secure funding for the program.
- ✓ Regularly assess the effectiveness of the provided services and make necessary adjustments to the program.

## 2.12. ROZHYSHCHE TERRITORIAL COMMUNITY, VOLYN REGION

### General description of the community

Rozhyshche city territorial community, located in Volyn region, covers an area of 461.1 square kilometers and unites 37 settlements with a total population of 28,161 people.

### Features of rehabilitation services provision

- ✓ **Availability of basic services.** The community provides essential rehabilitation services in outpatient settings.
- ✓ **The development of inpatient rehabilitation is planned.** A plan has been developed to establish an inpatient rehabilitation department.
- ✓ **Multidisciplinary team.** Rozhyshche Multidisciplinary Hospital has a multidisciplinary team of specialists.
- ✓ **Shortage of certain specialists.** There is a shortage of specific professionals, including a prosthetist-orthotist, a social worker, and a psychotherapist.

### Facilities offering rehabilitation services

- ✓ **Communal enterprise “Rozhyshche Multidisciplinary Hospital,”** providing medical and rehabilitation assistance.
- ✓ **Communal non-commercial enterprise “Rozhyshche Center of Primary Medical and Sanitary Care.”** It provides medical services (including a rehabilitation component) as part of the NHSU’s medical packages.

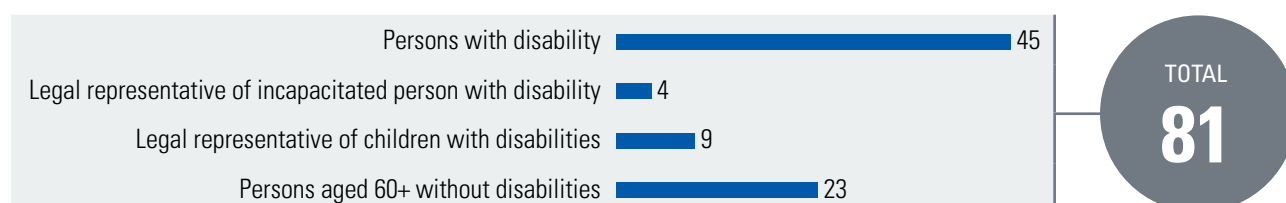
### Material and technical infrastructure

- ✓ **Availability of specialized rooms.** The rooms required for various types of rehabilitation are available.
- ✓ **Shortage of equipment.** Lack of equipment for prosthetics.

### Analysis of the population’s use of rehabilitation services

The public opinion survey on medical and rehabilitation services in Rozhyshche community included **81 respondents** – **55 women** and **26 men**. In particular, **80 respondents** had received rehabilitation services.

### Distribution of respondents by category

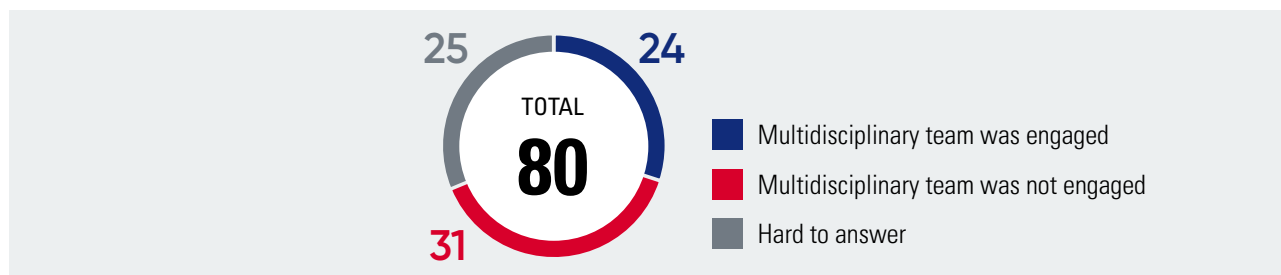




Residents of Rozhyshche community received rehabilitation services **within their community** (51 times), sought such care **within the region** (35 times), and only three times – outside the region. **Transportation accessibility** was among the top factors that respondents identified as **lacking** when receiving rehabilitation. Only 13 out of 80 respondents had **to wait** for rehabilitation.

Rozhyshche community is exploring the possibility of establishing a **social taxi service**.

A significant number of respondents stated that a multidisciplinary rehabilitation team had not been involved. However, many were unable to answer, which may suggest a lack of awareness regarding the role and functioning of such a team.



The residents of Rozhyshche community actively seek information about rehabilitation services from their **family doctors** (57 respondents) and **friends or acquaintances** (32 respondents). **Social networks** (29 respondents) and **the media** (18 respondents) are also widely used as sources of information.

Satisfaction with rehabilitation services was assessed on a scale from 1 to 5:

- ✓ **A score of 5** was given by 79 respondents, indicating a high level of satisfaction.
- ✓ **A score of 4** was given by 28 respondents, indicating a moderate level of satisfaction.
- ✓ **A score of 3** was given by 22 respondents, indicating a neutral position.
- ✓ **A score of 2** was given by 2 respondents, indicating a moderate level of dissatisfaction.
- ✓ **A score of 1** was given by 2 respondents, indicating a high level of dissatisfaction.

### ≡ Problematic aspects of receiving medical rehabilitation services

**The architectural accessibility of Rozhyshche Multidisciplinary Hospital** is provided with a ramp that does not fully comply with State Construction Norms (DBN), as well as with additional ramps that fail to meet regulatory accessibility requirements and pose safety risks. However, there is an alternative entrance through the reception area, which, although not fully accessible, offers a basic means for individuals with limited mobility to reach the first floor. Adjacent to this entrance, an elevator is available for access to all floors except the second floor; however, it can only be used in the presence of the facility staff.

The outpatient rehabilitation department is located on the first floor and includes an accessible sanitary room. No accessible sanitary facilities are available on the other floors of the main building or in the polyclinic building, except for the neurology department, which has a sanitary room. The passenger elevator requires replacement with a larger one to improve accessibility.

The area surrounding the facility also presents accessibility challenges. The main obstacles include non-standard or missing ramps, the absence of standard handrails, inadequate marking of stairs and transparent glass structures, and various movement barriers both outdoors and indoors. These include

damaged road surfaces, the lack of designated parking spaces for people with disabilities, non-standard door widths, the presence of thresholds, the inaccessibility of most sanitary facilities, and difficulties with orientation.

**The website of Rozhyshche City Council** ([rozhrada.gov.ua](http://rozhrada.gov.ua)), created on the “The Ukraine of Communities” LLC platform, meets WCAG 2.1 accessibility standards at a level of 68%. While community representatives can address content-related issues, resolving technical problems requires the platform support.

### ≡ Main issues

- ✓ **Lack of alternative text for images** in the slider, limiting accessibility for screen reader users. Additionally, the third-party map is inaccessible to users with visual impairments.
- ✓ **Heading semantics issues:** Sections, news items, and document cards are not recognized as headings due to incorrect markup, making navigation more difficult for users.
- ✓ **Low contrast in menu link text** when selected, which may reduce usability for individuals with visual impairments.
- ✓ **No mechanism to pause sliders**, potentially causing difficulties for users.
- ✓ **Insufficient keyboard navigation support:** The date selection calendar in the document filter, the search icon, and other interactive elements are inaccessible to keyboard users.
- ✓ **Missing or incorrect accessible labels** in various elements, including social media widgets, the video player, and links in news cards.
- ✓ **Error messages and form submission confirmations** are not announced by screen readers, creating accessibility barriers for users with visual impairments.

### ≡ Conclusions and recommendations

- ✓ **Enhancing information dissemination.** Strengthening awareness campaigns about available rehabilitation services.
- ✓ **Expanding the scope of services.** Establishing an inpatient rehabilitation department.
- ✓ **Upgrading material and technical infrastructure.** Equipping additional rooms and procuring necessary equipment.
- ✓ **Increasing the number of specialists.** Creating a multidisciplinary team and engaging necessary specialists.
- ✓ **Improving accessibility.** Addressing transport, architectural, and digital accessibility in the facilities.

### ≡ To address these challenges, it is necessary to

- ✓ **Collaborate with charitable foundations and international organizations**, securing additional resources for the development of rehabilitation services.
- ✓ **Mobilize additional funding**, including allocations from state and local budgets, grants, and charitable contributions.
- ✓ **Enhance interpersonal communication**, strengthening the efforts of family doctors, social workers, and other professionals in informing the public about available services.



### ☰ Recommendations for further action

- ☑ Conduct a detailed analysis of the population's needs for rehabilitation services.
- ☑ Develop a comprehensive program for developing the community's rehabilitation system.
- ☑ Engage public organizations of persons with disabilities in the development and implementation of the program.
- ☑ Secure funding for the program.
- ☑ Regularly assess the effectiveness of the provided services and make necessary adjustments to the program.

## Section 3. Conclusions

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### Common Trends

All healthcare facilities have plans to expand rehabilitation services, increase the number of rehabilitation specialists and beds, establish agreements with the National Health Service of Ukraine (NHSU) for rehabilitation packages (both outpatient and inpatient), and enhance inclusivity and barrier-free accessibility in information, digital services, transportation, and architecture.

At the same time, despite the efforts of the state, local governments, medical institutions, and civil society organizations, several challenges remain that need to be addressed.

### Barriers in the Provision of Medical and Rehabilitation Services

- ✓ In most settlements within territorial communities, no healthcare facilities or their structural units are available. Medical facilities that provide rehabilitation services in the healthcare sector are primarily concentrated in the administrative centers of territorial communities. Inpatient rehabilitation care is available in only a quarter of these communities. Rehabilitation services for children under the age of three are provided by just one facility.
- ✓ There are no established methods for collecting, analyzing, and processing data on the population's need for rehabilitation care in the healthcare sector. Additionally, no system for monitoring the availability and quality of these services exists.
- ✓ Most communities lack a clear strategy for developing rehabilitation services, as evidenced by the absence of targeted programs for rehabilitation development.
- ✓ A shortage of funds in territorial communities prevents the establishment and expansion of rehabilitation facilities within healthcare facilities and other rehabilitation centers.
- ✓ Rehabilitation services constitute only a small portion of the medical care provided by healthcare facilities, and in some cases, they are entirely unavailable.
- ✓ There is an inadequate material and technical infrastructure to support the development of rehabilitation services within territorial communities and healthcare institutions.
- ✓ Many medical facilities require renovation, reconstruction, or completion. In some communities, securing vacant premises to establish rehabilitation units is a critical challenge.
- ✓ Healthcare facilities lack a sufficient quantity and variety of rehabilitation equipment.
- ✓ The range of rehabilitation aids provided to patients through assistive technology rooms remains limited.





## Barriers in the Work of Multidisciplinary Rehabilitation Teams

- ✓ Insufficient staffing and a lack of psychotherapists, prosthetists, and social workers in multidisciplinary teams.
- ✓ Absence of specialists for patients with visual and hearing impairments, including services for orientation, communication, and self-care.
- ✓ Some facilities providing medical services with a rehabilitation component have no multidisciplinary teams.
- ✓ A shortage of trained and qualified rehabilitation specialists to establish multidisciplinary rehabilitation teams.
- ✓ Limited use of modern technologies and service provision at the place of residence, with telemedicine, teleconsultations, and mobile teams being underutilized.

## Barriers in the Provision of Rehabilitation Aids and Medical Devices

### FINDINGS

Access to rehabilitation aids and medical devices remains uneven, as their availability depends on individuals' awareness of their rights, their place of residence, the allocation of budgetary funds to responsible authorities, and the presence of charitable assistance. Limited awareness and inconsistent funding result in many residents lacking essential aids and medical devices.

### SHORTCOMINGS

The share of medical devices provided to the population through state and local budgets is minimal. Moreover, there are no local programs in place to ensure the provision of rehabilitation aids and medical devices.

## Barriers in Digital and Informational Accessibility of Websites

### FINDINGS

- ✓ All the analyzed websites partially comply with WCAG AA-level requirements.
- ✓ Most of the studied communities use pre-designed website solutions, making it unlikely that their representatives can independently resolve all accessibility issues.
- ✓ Out of 12 communities, 8 are only responsible for accessibility issues related to content publishing.

### SHORTCOMINGS

- ✓ Lack of alternative formats for information presented on graphic maps of shelters and points of invincibility.
- ✓ Insufficient text contrast.
- ✓ Images without alternative text.
- ✓ Inability to navigate the website using a keyboard.
- ✓ Incorrect heading structure on pages.

## Barriers in Architectural Accessibility

### FINDINGS

Most healthcare facilities formally comply with the requirements of the State Construction Norms **DBN B.2.2-40:2018 “Inclusiveness of Buildings and Structures”** only on paper or, at best, partially. In practice, proving the lack of architectural accessibility is nearly impossible. No effective mechanisms exist to **incentivize** healthcare facilities to create barrier-free and inclusive environments. The **National Health Service of Ukraine (NHSU)** unquestioningly relies on the self-assessments of healthcare institutions regarding barrier-free access, even when a facility is housed in a multi-story building without an elevator.

### SHORTCOMINGS

- ✓ No funds are allocated to ensure proper architectural accessibility of healthcare facilities and their surrounding areas.
- ✓ Healthcare facilities' websites lack information about their architectural accessibility.
- ✓ The issue of purchasing or replacing an elevator remains critical for two communities.

## General Findings, Problems, and Recommendations

Rehabilitation legislation, particularly in the healthcare sector, has significantly improved access to rehabilitation services for the population:

- ✓ Substantial funding for rehabilitation care in the healthcare sector is allocated from the state budget.
- ✓ Medical packages have been introduced to ensure the provision of rehabilitation care from the very first days of illness or injury.
- ✓ Clear requirements have been established for rehabilitation facilities, including their premises, personnel, and necessary equipment.
- ✓ The extraterritorial principle<sup>20</sup> of providing medical and rehabilitation services in the healthcare sector has been stipulated.
- ✓ A comprehensive approach to patient assessment and rehabilitation is ensured through the creation and operation of multidisciplinary rehabilitation teams consisting of specialists from various fields.
- ✓ The mandatory development of individualized rehabilitation plans for each patient has been introduced, with patients actively participating in their formulation and revision. This approach allows for the fullest consideration of their needs and specific circumstances.
- ✓ The latest technologies and treatment methods in rehabilitation care are stipulated.

However, the study identified several shortcomings and gaps in the current legislation on rehabilitation care in the healthcare sector, including:

- ✓ the absence of rehabilitation services for patients with hearing, visual, mental, and intellectual disabilities;
- ✓ insufficient funding for rehabilitation care in the healthcare sector, as the existing tariffs do not cover essential costs and fail to account for the complexity of diseases and injuries;

<sup>20</sup> The principle of extraterritoriality ensures equal state guarantees for patients, allowing them to exercise their right to health care regardless of their declared or registered place of residence or stay. <https://zakon.rada.gov.ua/laws/show/1394-2023-%D0%BF#Text>



- ✓ an inadequate number of hours allocated for rehabilitation within the healthcare system;
- ✓ NHSU's directive letters, at times, limit the population's rights and guarantees of access to rehabilitation care;
- ✓ inconsistencies in legal interpretations that result in restrictions on the rights of persons with disabilities to rehabilitation care (for example, rehabilitation services for persons with disabilities are not covered by the NHSU in Zviahel and Lubny communities).

The study also found that the accessibility and quality of rehabilitation healthcare in the project communities depend on factors such as place of residence, age group, and type of disease, disorder, or injury. The lack of services is particularly severe in remote regions and small settlements, where people are forced to travel to district or regional medical facilities at their own expense, even to receive specialized medical care.

## General Recommendations for Local Self-Governments

- ✓ Assess and analyze the existing network of facilities, departments, and units that provide rehabilitation services in the healthcare sector to determine the population's needs for medical care, various types of rehabilitation, medical devices, rehabilitation aids, and medicines not covered by the state budget. Based on the relevant data, develop and approve targeted programs for enhancing the rehabilitation system within territorial communities. Start with the most essential services, products, and aids, gradually increasing funding each year, and ensure the necessary financial support for such programs.
- ✓ Ensure accessibility and provision of rehabilitation services within the healthcare sector and other types of rehabilitation for residents of territorial communities. This includes supplying necessary medical devices (products of medical purposes), rehabilitation aids, and medicines that are not covered by the state budget.
- ✓ Foster the development of an optimal network of facilities, departments, and units that are owned by or transferred to territorial communities and provide rehabilitation services. Ensure these entities have qualified personnel, adequate material resources, and sufficient technical and financial support.
- ✓ Develop and approve action plans based on the proposals prepared by the NAPD to eliminate informational, digital, architectural, and transport barriers that hinder public access to information and services. Allocate the necessary funding to implement the relevant measures.
- ✓ Strengthen collaboration and coordination among healthcare, social protection, and education facilities and agencies, as well as with the public, to enhance medical and rehabilitation services and provide social support to those in need. Ensure the continuous exchange of data and information on relevant issues.
- ✓ Support the activities of public associations, including organizations of persons with disabilities, by involving them in cooperation and partnership initiatives. Establish or activate existing advisory bodies and/or include representatives of the aforementioned public associations in their membership.
- ✓ Ensure continuous dissemination of information on the websites of local self-government bodies and medical facilities regarding available rehabilitation services in healthcare and other forms of rehabilitation for persons with disabilities and those with limitations in daily functioning, both in their communities and beyond.







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