



**National Assembly of People
with Disabilities of Ukraine**

All-Ukrainian
Public
Association



ANALYTICAL REPORT

ASSESSMENT OF DAILY FUNCTIONING: IMPLEMENTATION RESULTS

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IMPLEMENTATION RESULTS

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The purpose of this report is to analyse the practical experience of undergoing the assessment of daily functioning through the perspective of individuals who have undergone the respective procedure and their family members. The study is not aimed at criticising specific institutions; rather, it seeks to identify systemic gaps and areas for development, the elimination of which will ensure the further improvement of the reform of the medical and social assessment system and its compliance with the UN Convention on the Rights of Persons with Disabilities.

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Introduction

The Assessment of Daily Functioning is a key element of the systemic transformation of the medical and social assessment system in Ukraine and a foundational instrument for the realization of the rights of persons with disabilities. The regulatory framework underpinning this reform – established by the Law of Ukraine No. 4170-IX of 19 December 2024 “On Amendments to Certain Legislative Acts of Ukraine Concerning the Reform of the Medical and Social Assessment System and the Introduction of Assessment of a Person’s Daily Functioning,” the Resolution of the Cabinet of Ministers of Ukraine No. 1338 of 15 November 2024 “On Certain Issues Related to the Introduction of the Assessment of a Person’s Daily Functioning,” and the Order of the Ministry of Health of Ukraine No. 2067 of 10 December 2024 “On Certain Issues Related to Ensuring the Implementation of the Assessment of a Person’s Daily Functioning” – formally established the discontinuation of the outdated and overly bureaucratized medical and social assessment model and introduced a transition to a new, more modern system of evaluation.

According to official data, as of 1 January 2025, the system transitioned from paper-based procedures to full digitalisation of processes. A network of 303 healthcare facilities and 1,377 expert teams has been established, engaging more than 7,000 medical doctors. Over 580,000 cases have been entered into the electronic system for the assessment of a person’s daily functioning, and the average waiting time for a decision has been reduced from more than 30 days to less than 19 days. All cases are managed within the electronic system; over the course of a year, no incidents of document loss were recorded. Every step – from referral to final decision – is traceable.

The introduction of electronic information exchange between the information and communication systems of Ukraine’s Ministry of Health, the Ministry of Social Policy, the Pension Fund, and the Ministry of Defence was intended to eliminate outdated paper-based mechanisms for transmitting disability-related information between healthcare institutions and various public authorities. This reform has made the process of data exchange, obtaining status, and accessing services more transparent and faster.

The reform of the medical and social expert assessment system in Ukraine is being implemented under conditions of full-scale war and extreme challenges:

- ✓ A sharp increase in the number of persons with disabilities, in particular as a result of severe injuries, mine-blast trauma, and amputations, which places an enormous burden on the healthcare system.
- ✓ Staff shortages, workforce outflow, and the lack of a proper training system.
- ✓ Uneven territorial establishment of expert teams responsible for conducting functioning assessments.
- ✓ Insufficient funding for the implementation of daily functioning assessment.

In this context, quantitative indicators reflecting the speed of case review cannot, on their own, serve as the sole criterion for assessing the success of the reform.



The key indicators of the effectiveness of the assessment of daily functioning are the clarity, procedural simplicity, transparency, and overall accessibility of the process for individuals undergoing the assessment.

It is therefore critically important to combine the administrative perspective on the reform with the regular collection of feedback from the direct users of the services. The experiences of individuals undergoing the daily functioning assessment procedure make it possible to identify aspects that remain “behind the scenes” of official statistics: the actual attitudes of staff, the architectural accessibility of facilities, the clarity of the patient pathway, and the objectivity of the decisions adopted.

The purpose of this report is to analyse the practical experience of undergoing the daily functioning assessment from the perspective of individuals who have completed the procedure and their family members. The study is not intended to criticise individual institutions; rather, it seeks to identify systemic gaps and areas for improvement, the elimination of which will contribute to the further development of the medical and social assessment reform and ensure its compliance with the UN Convention on the Rights of Persons with Disabilities.



Section 1.

General Information

The study was conducted in the form of a Google survey, which made it possible to collect data on people's experiences of undergoing the assessment of daily functioning.

The questionnaire consisted of the following thematic sections:

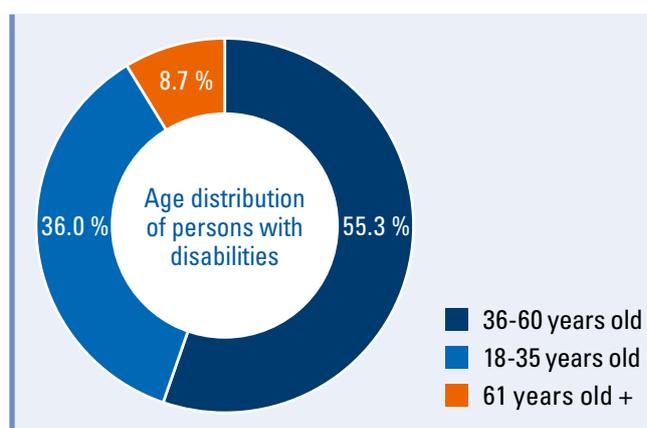
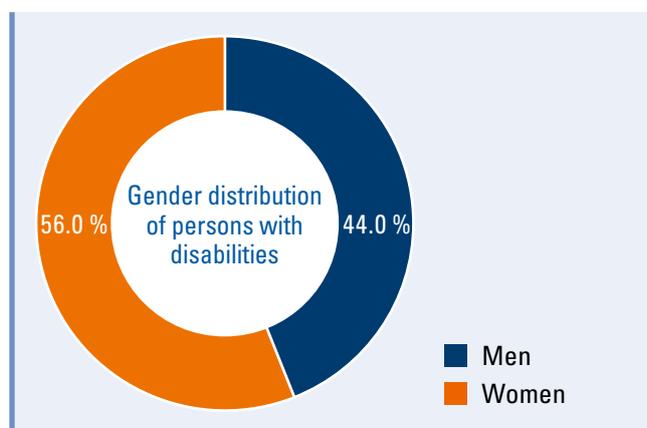
- ✓ socio-demographic characteristics of respondents;
- ✓ experience of referral for the assessment of daily functioning;
- ✓ experience of undergoing the assessment;
- ✓ evaluation of the accessibility, communication, and organization of the process;
- ✓ perception of the assessment results and recommendations;
- ✓ experience and awareness regarding the appeal procedure.

The geographical scope of the survey covered various regions of Ukraine and included both urban and rural areas, enabling consideration of regional differences in the organization and accessibility of the procedure:

- ✓ **100 respondents** – persons with disabilities who personally underwent the assessment of daily functioning;
- ✓ **50 respondents** – adult family members who represented the interests of a person with a disability or accompanied them during the procedure.

Among the persons with disabilities covered by the survey, **56 % were women and 44 % were men**. This distribution reflects the general trend of more active participation of women in social surveys, while at the same time ensuring substantial representation of men.

The age composition of persons with disabilities covered by the survey spans a wide range – from young adults to elderly persons – making it possible to take into account diverse life contexts and needs in the process of assessing daily functioning. The largest group consists of middle-aged

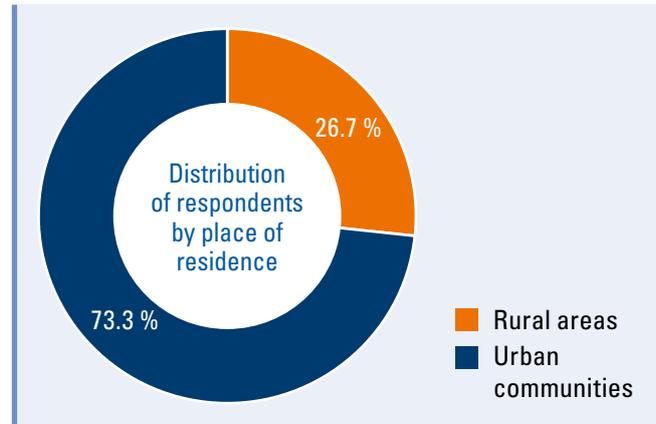




individuals (more than half of the respondents). Overall, the age distribution of persons with disabilities is as follows:

- ✓ 36 – 60 years: **83 persons (55.3 %)**;
- ✓ 18 – 35 years: **54 persons (36 %)**;
- ✓ 61 years and older: **13 persons (8.7 %)**.

A substantial proportion of respondents reside in urban communities; at the same time, the study also includes residents of rural areas. In particular, **110 persons** with disabilities live in urban areas, while **40 persons** reside in rural areas. This is significant in view of potential differences in access to healthcare facilities, transportation, and support services.

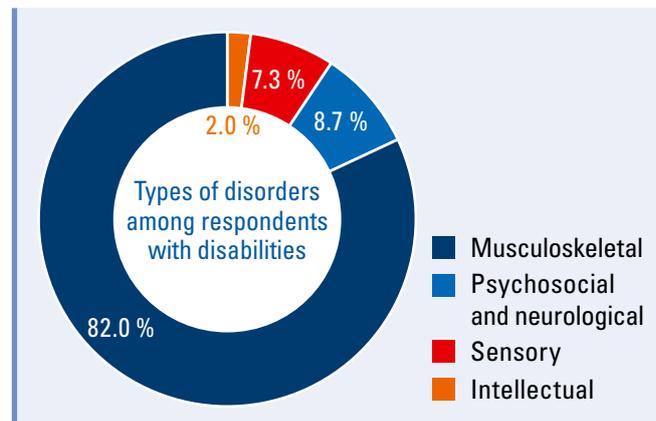


A number of respondents (**7 persons, or 4.7%**) reported having experienced internal displacement, which further increases the complexity of navigating the system and underscores the need for clear and accessible procedures.

Respondents reported various types of impairments, including:

- ✓ musculoskeletal impairments (**123 persons, or 82 %**);
- ✓ psychosocial and neurological impairments (**13 persons, or 8.7 %**);
- ✓ sensory impairments (vision and hearing) (**11 persons, or 7.3 %**);
- ✓ intellectual impairments (**3 persons, or 2.0 %**).

The findings of the study reflect the subjective experiences of respondents and do not claim full statistical representativeness at the national level. At the same time, the data obtained are valuable for identifying positive practices and typical gaps in the implementation of the assessment of daily functioning from the perspective of users and their family members.





Section 2.

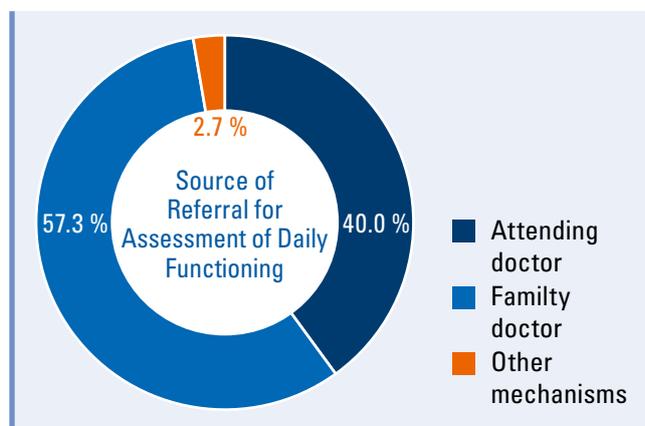
Referral for the Assessment of Daily Functioning

The referral stage for the assessment of daily functioning constitutes the first point of contact between an individual and the procedure and has a significant impact on the subsequent perception of the system as a whole. It is at this stage that an initial understanding is formed regarding accessibility, the logic of the process, and the roles of the various actors involved in its implementation.

Law of Ukraine No. 4170-IX of 19 December 2024

A referral for the assessment of a person's daily functioning may, subject to the person's consent, be issued by a primary care attending physician, an attending doctor of a healthcare institution providing specialised medical care, or the head of a military medical (medical expert) commission, including in electronic form via the electronic system for the assessment of a person's daily functioning, one that system has commenced operation.

Survey results indicate that, in the majority of cases, referrals for assessment are issued through the healthcare system. In particular, **57.3 %** of respondents received a referral from their attending physician, **40 %** from a family doctor, and only **2.7 %** through other mechanisms.



MALE RESPONDENT FROM LVIV REGION:

|| *I'd been preparing for the submission since January... I thoroughly reviewed Resolution No.1338, Order No. 420, and other documents. The submission and assessment process went well."*

MALE RESPONDENT FROM KYIV REGION:

|| *It took a very long time to determine which doctor was supposed to issue the referral and compile the document package. This lasted almost three months."*



 **FEMALE RESPONDENT FROM KHARKIV REGION:**

|| *For eight months, I was repeatedly refused a referral. Only after I personally arranged a meeting with the director of the hospital where the family doctors work did things move forward. There, the family doctor finally issued the referral. Two weeks later, I underwent the assessment, and on the same day I received the commission's decision."*

 **FEMALE RESPONDENT FROM SUMY REGION:**

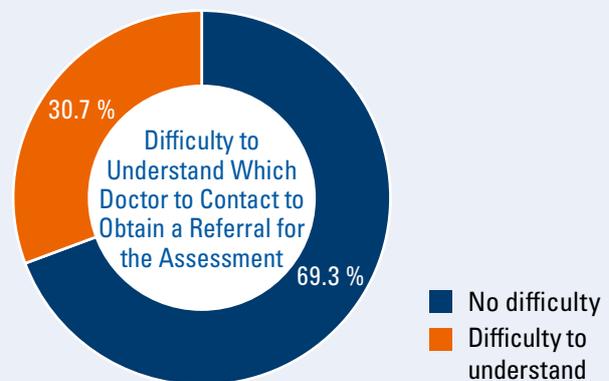
|| *The family doctor did not send all the documents. The hospital that received them did not inform my son at all that they had been accepted... I, as his mother, called them after two weeks had already passed... I was told that it was unknown when the decision would be issued because military personnel were in the priority."*

 **FEMALE RESPONDENT FROM KHARKIV REGION:**

|| *The attending physician required the same set of documents as under the former MSEC system, although the hotline had said that the medical history would be sufficient. I underwent examinations that required travelling 150 kilometres, yet in fact they were unnecessary, as the diagnosis had already been established seven years earlier."*

A significant proportion of respondents reported difficulties related to navigating this stage. In particular, **30.7 %** of those surveyed indicated that they found it difficult to understand **which specific doctor they needed to approach** in order to obtain a referral.

⚠ IMPORTANT! It is precisely at the referral stage that uncertainty should be minimised and a clear algorithm of actions ensured, with information provided in accessible formats.



The next stage of the assessment involves selecting the date of the assessment, the experts team, and the format in which the assessment will be conducted, as well as determining the possibility of engaging an authorised representative of the person (including, in particular, a lawyer, legal representative, a representative under a power of attorney, attending doctor, a healthcare rehabilitation specialist, a social worker, or a specialist supporting war veterans and demobilised persons).



The Procedure for Conducting the Assessment of a Person's Daily Functioning, approved by Resolution of the Cabinet of Ministers of Ukraine No. 1338 of 15 November 2024, provides that:

- an electronic referral shall be generated and sent to the healthcare institution where the assessment is to be conducted, taking into account the institution's workload and the preferences of the person for whom the referral is generated regarding territorial accessibility, in electronic form via the electronic system;
- the expert team for the assessment of a person's daily functioning (hereinafter – the expert team) shall review cases in the following formats:
 - 1) in person, with the participation of the individual at the healthcare institution where the expert team has been established;
 - 2) in absentia, without the personal participation of the individual;
 - 3) using telemedicine methods and tools (video teleconsultation);
 - 4) at the person's place of stay or treatment;
- during in-person review, field review at the person's place of stay or treatment, or review conducted using telemedicine methods and tools (video teleconsultation), the following persons may be present upon the application of the individual concerned, submitted in electronic form (where technically feasible) or in paper form: the doctor who referred the person for assessment, including participation via telemedicine methods (video teleconsultation), and the authorised representative of the person (including, in particular, a lawyer, legal representative, representative under a power of attorney, attending physician, healthcare rehabilitation specialist, social worker, or specialist supporting war veterans and demobilised persons).

Respondents indicated that:

- ✓ the opportunity to choose the date of the assessment was offered in **10 %** of cases;
- ✓ the opportunity to choose the expert team – in **18 %** of cases;
- ✓ the opportunity to choose the format of the assessment (in-person, in absentia (paper-based), outreach, or remote) – in **21.3 %** of cases;
- ✓ only **11.3 %** of respondents received information about the possibility of involving a support specialist.



FEMALE RESPONDENT FROM KIROVOHRAD REGION:



Allow video recording of the assessment. Allow the attending doctor to participate in the assessment centres (at least via video link), because the doctors on the team do not know the patient as well as the attending doctor does."



MALE RESPONDENT FROM KYIV CITY:

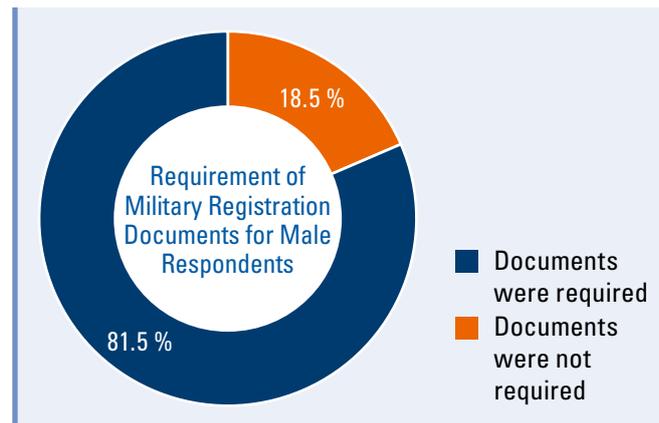
|| Unfortunately, adult and paediatric neurologists differ greatly in their understanding of conditions originating in childhood (cerebral palsy). Therefore, it is important to involve paediatric neurologists in assessing persons with childhood-onset disabilities. They did not allow the mother to be present. They did not take into account or record the comorbid diagnoses at all. They did not even ask the patient to undress or examine how the arm and leg function (unilateral hemiparesis)."

MALE RESPONDENT FROM KIROVOHRAD REGION:

|| The head of the commission was negatively predisposed from the outset; the communication felt like an interrogation, and you feel as though you are being accused. The tone was very rude and humiliating. However, it is impossible to address the situation because there is no evidence of such behaviour. Video recording of commission meetings should be made mandatory in all cases. As it is done for driving examinations. This would reduce corruption risks and significantly increase the effectiveness of the commissions."

Among male respondents, **81.5 %** indicated that, when being referred for assessment, they were required to present military registration documents.

Under martial law, such a practice has objective grounds. However, the survey results emphasise the importance of doctors providing **clear and accurate explanations that submission of such documents is not mandatory for obtaining a referral for the assessment of daily functioning.**



According to the **Procedure for Conducting the Assessment of an Individual's Daily Functioning**, approved by Resolution of the Cabinet of Ministers of Ukraine No.1338 of 15 November 2024, an electronic referral must contain the following information about the person being referred for assessment, including a military registration document for conscripts, persons liable for military service, and reservists, or a certificate of registration with a military enlistment office (**if such documents are submitted by the person**) – for men aged 18 to 60.



Section 3.

Undergoing the Daily Functioning Assessment

|| The next stage in the assessment procedure is the review of cases by the expert team.

According to the **Procedure for Conducting the Assessment of an Individual's Daily Functioning**, approved by Resolution of the Cabinet of Ministers of Ukraine No. 1338 of 15 November 2024, the expert team for the assessment of an individual's daily functioning (hereinafter – the expert team) reviews cases in the following formats:

- 1) **in person**, with the participation of the individual at the healthcare institution where the expert team has been established;
- 2) **in absentia**, without the individual's personal participation;
- 3) **through telemedicine methods and tools** (video teleconsultation);
- 4) **at the individual's place of stay or treatment**.

The survey findings indicate that, in most cases, the assessment of daily functioning is conducted in person. In particular:

- ✓ **88.3 %** of individuals underwent the assessment in person;
- ✓ **6.7 %** – in absentia;
- ✓ **2.9 %** – in an on-site (outreach) format;
- ✓ **2.1 %** – in a remote format.

An important indicator of the system's effectiveness and predictability is the duration of the process – from the date on which the healthcare institution receives the electronic referral to the date the decision is issued.



According to the Procedure for Conducting the Assessment of an Individual's Daily Functioning, approved by Resolution of the Cabinet of Ministers of Ukraine No. 1338 of 15 November 2024:

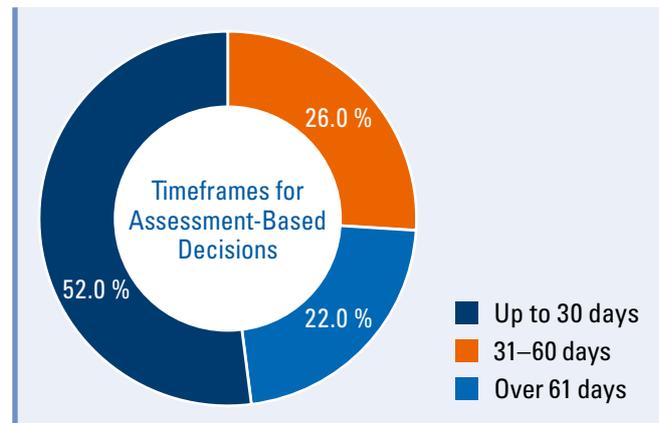
- the case review must be conducted no later than 30 calendar days from the date on which the healthcare institution accepts the electronic referral for consideration, except in cases of extraordinary and unavoidable circumstances that objectively prevent the review of the case within the established time limits; ▶



- in the event of a repeated assessment, the expert team may request access to the medical and social expert examination file or obtain access to the results of previous assessments contained in the electronic system. The review of the case shall be suspended for the period necessary to obtain access to the file;
- where an additional medical examination is required, the case review must be conducted no later than 30 calendar days after the completion of such examination;
- decisions shall be adopted by the expert team on the day the case is reviewed, except in cases where an additional examination is required, the person fails to appear for the assessment, or the composition of the expert team changes.

According to the survey results:

- ✓ **52 %** of respondents received a decision within 30 days;
- ✓ **22 %** received a decision within 31–60 days;
- ✓ **26 %** waited more than 61 days for a decision, including **9.3 %** who waited more than 150 days.

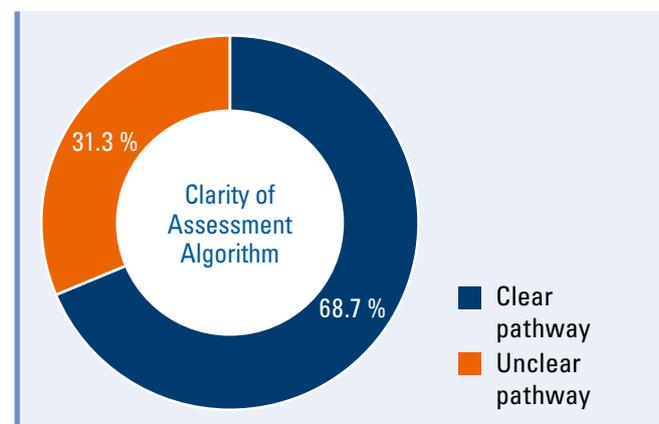


FEMALE RESPONDENT FROM KHARKIV REGION:

|| *The documents were submitted on time, but the commission is delaying the process: I applied on September 6, and the commission convened only on November 25. Because of this, my pension was suspended; now I have to wait until January for payment, yet I need to live and receive treatment now."*

Assessment of the clarity of the procedural algorithm during the evaluation process shows that:

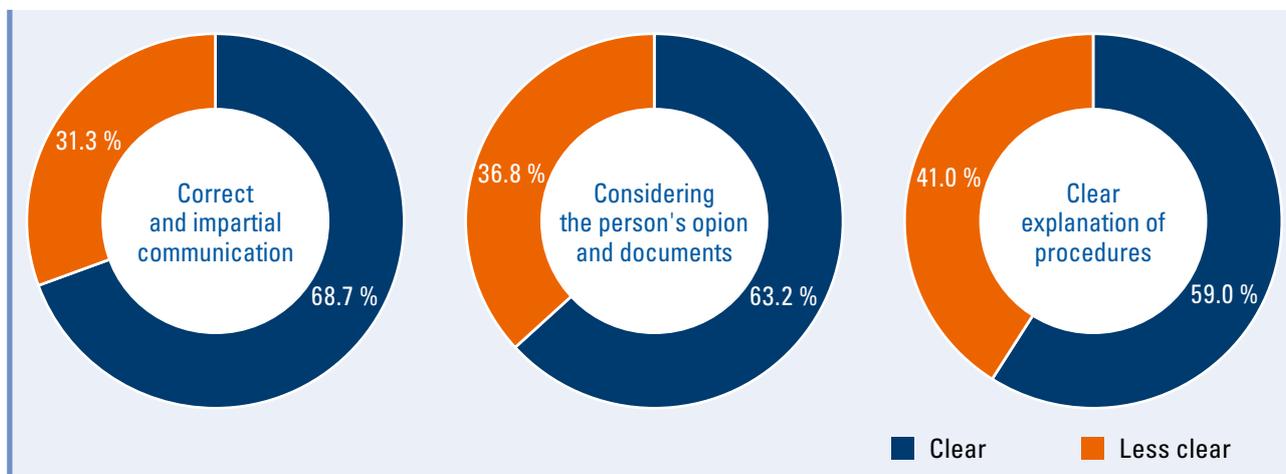
- ✓ **68.7 %** of respondents consider the pathway fully or mostly clear;
- ✓ **31.3 %** – consider it mostly or completely unclear.



As the survey indicates, communication with doctors and members of the expert teams conducting the assessment is a critical factor for many users. A lack of clarity regarding the assessment procedure, combined with the stressful nature of the situation – particularly during an initial assessment – may lead to a significant deterioration in users' psycho-emotional well-being. Therefore, effective communication and interaction with assessment professionals constitute an essential component of service quality. The average scores (on a 5-point scale) indicate a moderately positive perception:



- ✓ courtesy and impartiality in communication – **3.47 out of 5**
- ✓ consideration of the applicant's opinion and submitted documents – **3.16 out of 5**;
- ✓ clarity of procedural explanations – **2.95 out of 5**.



MALE RESPONDENT FROM KYIV REGION:

|| *To ensure that doctors communicate more appropriately. If a person has a psychiatric diagnosis, it is not acceptable to tell the parents that such an (adult) child does not require rehabilitation and has no right to education."*

MALE RESPONDENT FROM KHARKIV REGION:

|| *The commission allocated only five minutes to review the medical documents and the diagnosis. They completely failed to take into account that my son's condition has deteriorated over the past two years... It is simply outrageous what kind of specialists are making these decisions!"*

FEMALE RESPONDENT FROM SUMY REGION:

|| *The doctors were incompetent; they had no understanding whatsoever of the rare disease phenylketonuria. I am ready to provide the full names of the doctors so that their competence – or rather their incompetence – can be formally checked."*

According to the Procedure for Conducting the Assessment of an Individual's Daily Functioning, approved by Resolution of the Cabinet of Ministers of Ukraine No. 1338 of 15 November 2024:

- during the assessment, by decision of the expert team, documents submitted by the person undergoing the assessment that were not provided together with the referral, but relate to the respective case, may be added to the case file;
- during the assessment, video and/or audio recording of the case review must be carried out without creating obstacles to the conduct of the assessment and in compliance with the personal non-property rights of the persons participating in the assessment, demonstrating tact, courtesy, composure, and respect.

 **FEMALE RESPONDENT FROM ZHYTOMYR REGION:**

|| *There was a biased attitude toward me... They bombarded me with inappropriate questions. And on paper they 'declared' me healthy... Complete indifference from the members of the commission! The worst commission I have encountered in all my years of undergoing assessment. They do this deliberately to strip people of their disability groups."*

 **MALE RESPONDENT FROM DNIPROPETROVSK REGION:**

|| *The doctors kept asking: 'Why do we even need this?' Overall, we felt no support at all – only heard from the doctor that he had too much work and did not have enough time to complete the paperwork."*

 **FEMALE RESPONDENT FROM THE TRANSCARPATHIAN REGION:**

|| *My husband has Hodgkin's lymphoma, diabetes, and heart disease. He had disability group III – which was revoked! The expert team behaved inappropriately and failed to provide proper information about the commission's decision. We had to find everything out ourselves, as the attending physician was on leave. The expert team responded: 'When he returns from leave, he will explain.' And they added: 'Come back when you start chemotherapy again."*

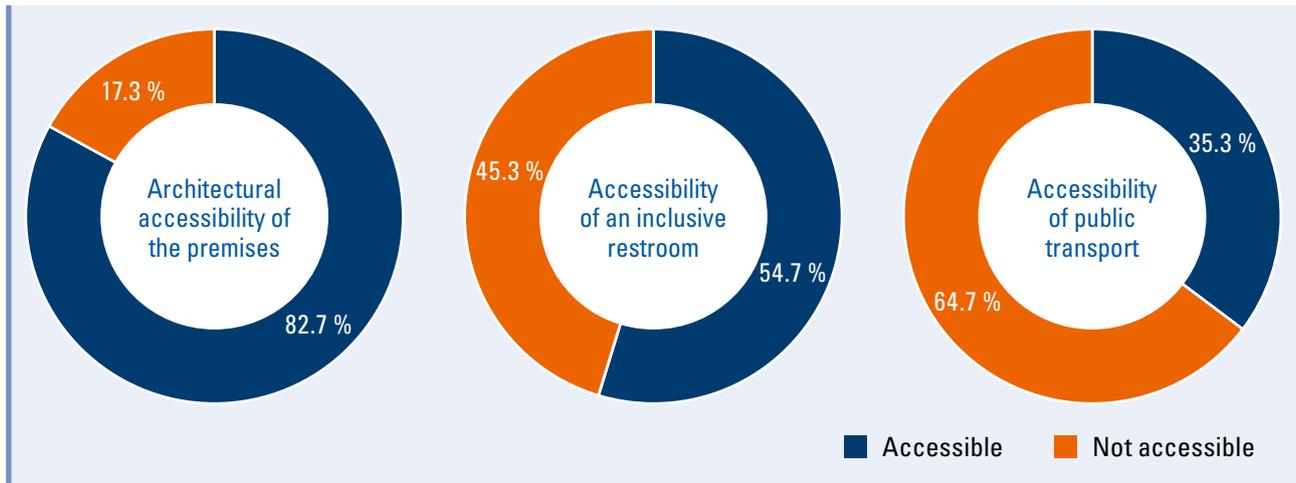
Ensuring the physical accessibility of healthcare facilities and the accessibility of transport services is an integral component of the assessment process and an essential precondition for users to receive quality services.

According to the Procedure for Conducting the Assessment of an Individual's Daily Functioning, approved by Resolution of the Cabinet of Ministers of Ukraine No. 1338 of 15 November 2024:

- for meetings of expert teams, it is recommended to use premises located on the ground floor and, where functioning lifts are available, additionally on other floors;
- near the premises where in-person case reviews are conducted, sufficient furniture (sofas, chairs, etc.) must be provided for waiting;
- the premises must ensure inclusive access and appropriate conditions for the person and their representatives during in-person case reviews, as well as sanitary facilities for visitors (mandatory on the same floor as the premises for in-person review), and must comply with State Building Standards B.2.2–40:2018 "Inclusiveness of Buildings and Structures. Basic Provisions."

The survey results demonstrate a heterogeneous picture of accessibility:

- ✓ **82.7 %** indicated that the premises were architecturally accessible;
- ✓ **54.7 %** had access to an inclusive restroom on the same floor;
- ✓ **35.3 %** assessed public transportation to the assessment location as accessible.



 **MALE RESPONDENT FROM KYIV:**



Take into account the complexity of transport interchanges and schedule the commission's reception in an accessible location."

 **FEMALE RESPONDENT FROM KHARKIV REGION:**



In my city there is no relevant specialist, so I had to travel more than 100 km for the assessment. From submitting the documents to the commission, I waited more than a month."

 **MALE RESPONDENT FROM KYIV:**



Although there was a choice of where to undergo the assessment, the accessibility of transport for persons with reduced mobility is low, and the route from public transport to the hospital where the assessment is conducted is not always close."



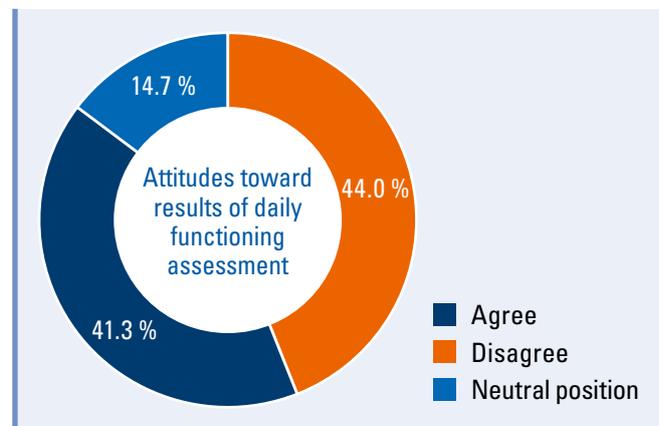
Section 4.

Assessment Results and Recommendations

The outcome of the assessment of daily functioning is the key result of the entire procedure and directly affects a person's further interaction with the healthcare, social protection, and rehabilitation systems. At this stage, not only a formal decision is expected, but also a clear explanation of the assessment logic and its implications.

According to the survey results:

- ✓ **41.3 %** of respondents indicated that they mostly or fully agree with the assessment results;
- ✓ **44.0 %** mostly or fully disagree;
- ✓ **14.7 %** hold a neutral position.



FEMALE RESPONDENT FROM KHARKIV REGION:

|| *The Head of the Commission not only failed to take into account the deterioration in my son's health, but also prescribed the wrong catheters (Foley) and in a quantity of six per month."*

FEMALE RESPONDENT FROM KYIV:

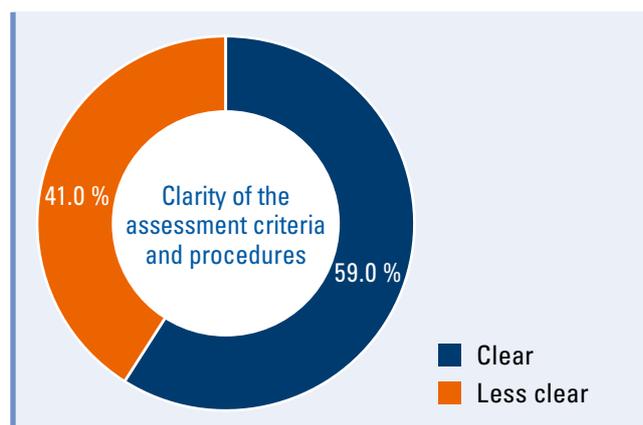
|| *At the age of 20, I underwent the ECAPF assessment and was recognized as completely healthy, although my condition has worsened. The Commission did not review the medical documents at all. I filed a complaint – now waiting for a decision from Dnipro."*

MALE RESPONDENT FROM KIROVOHRAD REGION:

|| *The expert commission at the psychiatric hospital treated me in a dismissive manner and assigned an incorrect disability group."*



One of the key conditions for perceiving the results as fair is the clarity of the criteria and procedures on the basis of which the decision is based. On a five-point scale measuring how clearly the assessment mechanisms and procedures were explained, the average score was **2.95 out of 5**.



MALE RESPONDENT FROM SUMY REGION:

|| *My child's disability group was downgraded (from Group II to Group III), despite permanent and irreversible changes and a progressive condition. The child has two sensorineural impairments: profound Grade V sensorineural hearing loss and myopia."*

MALE RESPONDENT FROM KYIV:

|| *Comorbid diagnoses were not taken into account or even recorded. They did not even ask me to undress or examine how my arm and leg function (I have unilateral hemiparesis)."*

MALE RESPONDENT FROM SUMY REGION:

|| *Four doctors were supposed to be present at the commission... No one was there except a neurologist. She did not introduce herself... She examined my son and told us to wait in the corridor until the endocrinologist arrived. We waited for an hour, but the doctor never showed up. Eventually, we were issued a conclusion containing numerous errors."*

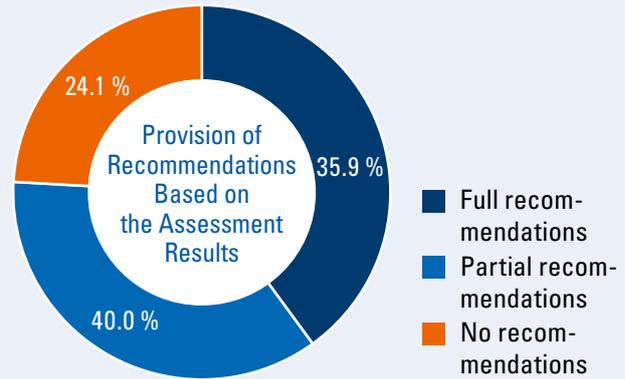
The assessment of daily functioning should provide clear recommendations for determining the needs of a person with a disability:

- in social services and social rehabilitation – in accordance with the Laws of Ukraine "On Social Services" and "On Rehabilitation of Persons with Disabilities in Ukraine";
- in education and vocational rehabilitation – in accordance with the Laws of Ukraine "On Education" and "On Rehabilitation of Persons with Disabilities in Ukraine";
- in employment and labour rehabilitation – in accordance with the Laws of Ukraine "On Employment of the Population" and "On Rehabilitation of Persons with Disabilities in Ukraine";
- in physical culture and sports rehabilitation – in accordance with the Law of Ukraine "On Rehabilitation of Persons with Disabilities in Ukraine."



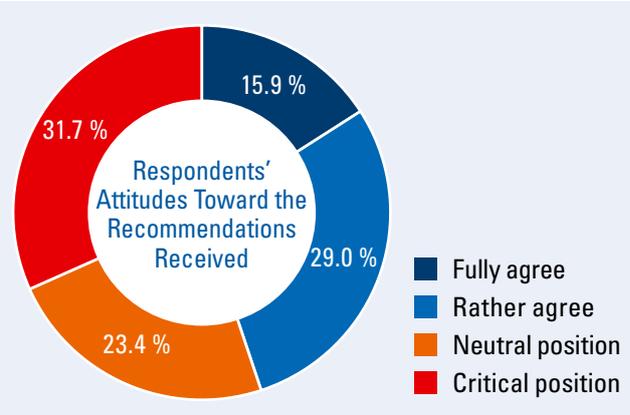
The survey results indicate that, within Individual Rehabilitation Programmes:

- ✓ **35.9 %** of persons received comprehensive recommendations;
- ✓ **40 %** received partial recommendations;
- ✓ **24.1 %** stated that they did not receive any recommendations.



Among users who received recommendations in their Individual Rehabilitation Programs:

- ✓ **15.9 %** fully agree with them;
- ✓ **29 %** indicated that they rather agree with them;
- ✓ **23.4 %** hold a neutral position or express moderate disagreement;
- ✓ **31.7 %** express a critical position.



MALE RESPONDENT FROM SUMY REGION:

|| *Practically no recommendations on support or employment. The recommendation concerning labour activity actually prohibits employment in my specialty. There are no recommendations regarding sanatorium-and-spa treatment."*

MALE RESPONDENT FROM KHMELNYTSKYI REGION:

|| *A patient with plegia of the upper and lower limbs. Rehabilitation aids and assignment of a disability group were refused, although the patient requires constant care."*

MALE RESPONDENT FROM DNIPROPETROVSK REGION:

|| *Severe limitation in mobility, refusal to change the code for crutches, refusal to provide a mobility aid, violation of Article 7 in cases of limb amputation or its part – those who defended the Homeland have a right to an increased disability group. In addition, no response to the request to amend the Individual Rehabilitation Program to enable workplace adaptation and retraining. The appeal did not help; there was no response at all to the appeal request."*



Section 5.

Appeals Against Decisions

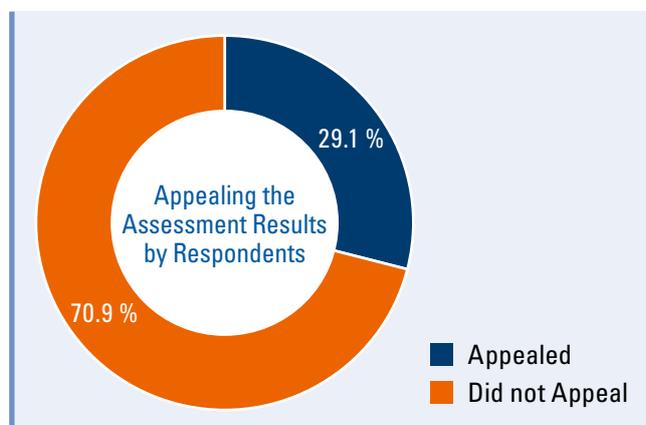
Decisions of expert teams or medical and social expert commissions may be appealed by the persons concerned (or their authorized representatives) through administrative appeal procedures in accordance with the Law of Ukraine “On Administrative Procedure,” taking into account the specific features established by this Article, and/or through judicial proceedings. Complaints are reviewed by expert teams of the Center for the Assessment of an Individual’s Functional Status in accordance with the Procedure for Conducting the Assessment of an Individual’s Daily Functioning, approved by Resolution of the Cabinet of Ministers of Ukraine No. 1338 of 15 November 2024.

The appeals mechanism is an integral component of a fair and rights-based assessment system.

According to the survey results:

- ✓ **29.1 %** of respondents reported that they had appealed the assessment results;
- ✓ **the remaining respondents** either did not file an appeal or did not consider it appropriate to do so.

Respondents also assessed the clarity and accessibility of the appeals procedure. The average score on a five-point scale was **3.05 out of 5**.



FEMALE RESPONDENT FROM KHMELNYTSKYI REGION:

|| *I filed an appeal with the Center for Assessment of Functional Status... After carefully studying Resolution No. 1338, I submitted the appeal again. There were no further problems. The outcome was Disability Group 1A."*

MALE RESPONDENT FROM DNIPROPETROVSK REGION:

|| *The assessment was conducted in absentia, which we later regretted, because no one actually reviewed the documents of the child who, until the age of 18, had been assigned Subgroup A. As a result of the assessment, Disability Group 1B was granted for one year. It was a shock. We submitted an appeal through the treating physician's online account. We also contacted the Prosecutor's Office, the Ministry of Health, the human rights authorities, and submitted a written appeal directly to the Assessment Center in Dnipro. Two months later, Group 1A was granted on a permanent basis. But how many nerves it cost the parents!"*

MALE RESPONDENT FROM KYIV:

|| *In our case, the period from filing the appeal to receiving the decision lasted 30 days. It can be said that it was processed quickly, although we received a refusal; however, we had not expected a positive decision anyway. This year, the conditions for establishing disability are stricter for everyone, and especially for men of conscription age."*



Summary and Consolidated Conclusions

The reform of the medical and social assessment system and the introduction of the assessment of an individual's daily functioning constitute an important step toward modernising state policy on persons with disabilities and aligning it with the standards enshrined in the UN Convention on the Rights of Persons with Disabilities.

The adopted regulatory framework has established the institutional foundation for transitioning from an outdated medical model to a more comprehensive and functional approach. At the same time, the findings of the study indicate that, in practice, the reform remains at a formative stage and requires further systemic improvement to fully realise its human rights potential.

Positive Outcomes of the Reform Implementation

The study demonstrates that the new system for assessing daily functioning is generally operational. Persons with disabilities are able to obtain a referral, undergo the assessment procedure, and receive a decision based on its results. This indicates the development of basic organisational capacity within expert teams and administrative processes.

The digitalisation of procedures and the transition to electronic document management have laid the groundwork for increased transparency, reduced bureaucratic barriers, and more standardised approaches. For some persons with disabilities and their legal representatives, the new system has proven to be more comprehensible and efficient compared to the previous model, under which medical and social expert commissions operated.

A positive signal is also the greater architectural accessibility of the premises where assessments take place, as well as instances of proper and impartial communication by certain expert teams. These practices reflect the principles of non-discrimination, equal access to services, respect for human dignity, and a person-centred approach set out in the UN Convention on the Rights of Persons with Disabilities.

The declared transition to a functional assessment model creates the potential for the gradual introduction of European standards focused on supporting the participation of persons with disabilities in social life, education, and employment.

Key Challenges and Problem Areas

At the same time, the survey results reveal a number of weaknesses that constrain the full achievement of the reform's objectives.

Uneven Accessibility of Services

A significant number of individuals have to travel long distances to undergo the procedure, which creates additional barriers for persons with limited mobility. Although most respondents mentioned architectural accessibility of premises, only about half of them had access to inclusive sanitary facilities on the same floor, and public transport accessibility to assessment locations remains low.



This situation contradicts the principle of equal access to services as guaranteed by the UN Convention on the Rights of Persons with Disabilities.

Insufficient Information and Complexity of the Process

Information often has to be sought independently, and healthcare professionals do not always issue referrals or provide comprehensive explanations regarding procedures and appeal mechanisms. Approximately one third of respondents consider the assessment pathway to be unclear.

This indicates the need for systematic informational support for the reform and improved training of primary healthcare providers.

Quality and Objectivity of the Assessment

The level of satisfaction with assessment results remains mixed: nearly equal proportions of respondents agree and disagree with the decisions taken. Qualitative responses consistently point to superficial review of documentation, the absence of relevant specialists within teams, failure to consider comorbid conditions, and limited time allocated for case analysis.

In some instances, users perceive decisions as formalistic or insufficiently substantiated, which undermines trust in the new system.

Limited Effectiveness of the Appeal Mechanism

Only about one third of respondents made use of the appeal procedure. Some reported lengthy review periods and the absence of meaningful reconsideration of decisions. This highlights the need to strengthen mechanisms for protecting the rights of service users.

Consolidated Conclusions

1. The reform has established a functioning institutional framework; however, its quality largely depends on practical implementation at the local level.
2. The most significant risks to the sustainability of the reform are the subjectivity of decisions, uneven accessibility, and insufficient public awareness.
3. The positive experience of certain expert teams demonstrates the system's potential, provided that appropriate organisation, training, and quality control are ensured.

Proposals for Further Improvement

Ensuring Equal Access

- ✓ Expanding the network of expert teams with due regard to territorial accessibility;
- ✓ Developing outreach and remote formats for persons with limited mobility and those residing abroad;
- ✓ Bringing infrastructure into compliance with accessibility standards;
- ✓ Improving the mechanism for determining which physicians are authorised to issue referrals, in order to prevent unlawful refusals;
- ✓ Establishing a clear procedure for identifying physicians authorised to issue referrals in cases where a person with a disability does not have a treating physician or a declaration with a family doctor;



- ✓ Ensuring, upon request by persons with hearing impairments, the participation (in person or via video link) of sign language interpreters during assessment sessions. Persons with disabilities should be able to attend with their own interpreters, or, upon request, the expert team should be obliged to engage one.

Increasing Transparency and Awareness

- ✓ Systematic provision of information to persons with disabilities and their legal representatives by primary and specialised healthcare providers;
- ✓ Improving documentation forms of expert teams to reflect that persons with disabilities and their legal representatives have been informed about their rights, options, and needs;
- ✓ Making video recording of expert team sessions mandatory;
- ✓ Expanding the information published on dashboards related to the assessment of daily functioning.

Strengthening the Quality of Assessment

- ✓ Ensuring multidisciplinary composition of expert teams in accordance with the diagnoses of persons with disabilities, including mandatory involvement of specialists relevant to both primary and comorbid conditions, as well as treating physicians (in person or via video link);
- ✓ Conducting assessments with due consideration of the cumulative impact of all conditions – both primary and comorbid;
- ✓ Adopting official guidance on the application of criteria for establishing disability;
- ✓ Requiring expert teams to review case materials in advance.

Protecting the Rights of Persons with Disabilities

- ✓ Improving the appeal mechanism, including the possibility to immediately express disagreement with a decision;
- ✓ Ensuring expedited review of decisions;
- ✓ Including data on the outcomes of decision reviews in public dashboards;
- ✓ Ensuring mandatory notification of persons with disabilities regarding the review of the substantiation of decisions taken by medical and social expert commissions and expert teams, as well as the results of such reviews, and inviting them to attend relevant sessions.



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