

RESEARCH REPORT

Accessibility Assessment

of service providers in Donetsk and Luhansk Oblasts, Ukraine

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> Cover photo © IMPACT 2019. Image depicts the entrance to a facility providing health care services in Kramatorsk.

About IMPACT

IMPACT Initiatives is a leading Geneva-based think-and-do tank that shapes humanitarian practices, influences policies and impacts the lives of humanitarian aid beneficiaries through information, partnerships and capacity building programmes. IMPACT's teams are present in over 20 countries across the Middle East, Latin America, Africa, Europe and Asia, and work in contexts ranging from conflict and disasters to regions affected by displacement and migration. The work of IMPACT is carried out through its three initiatives: REACH, AGORA and PANDA.







This report was produced in conjunction with a web map outlining the findings of direct observation at facilities in the assessed area.

The web map is available online in **English** and **Ukrainian**

Summary

Since 2014, the eastern Ukrainian regions of Donetsk and Luhansk have experienced significant disruption in access to basic services caused by damage to infrastructure, changes in demographic makeup of the population due to displacement/migration and the disconnection between settlements in Government Controlled Areas (GCAs) and urban centres in what are currently Non-Government Controlled Areas (NGCAs).

Demographically, the proportion of households with vulnerabilities is higher in eastern Ukraine than in other parts of the country, and indeed Donetsk and Luhansk contain an estimated 210,000 (160,000 in Donetsk and 50,000 in Luhansk) persons with disabilities, representing more than 8% of the total Ukrainian population of people with disabilities. However, there has been little in terms of comprehensive data regarding the barriers faced by these populations in accessing quality and sufficient basic public services.

Within this context, the United States Agency for International Development (USAID) operates the Democratic Governance East Activity (DG East) to strengthen the connection and trust between citizens and their Government in eastern Ukraine by increasing citizen participation to improve Ukraine's governance and reform processes and to help resolve community problems. A major cross-cutting component of DG East is to support and promote opportunities for under-represented groups to participate in and contribute to the changes ensuing from Ukraine's national reforms. The ambitious decentralization, health, and education reforms are aimed at putting more power in the hands of people at the local level in order to improve service delivery to all citizens. To help DG East and its partners better understand the current situation concerning access to public services for People with a Disability (PwD) in Donetsk and Luhansk oblasts, DG East contracted IMPACT Initiatives to conduct a study to assess barriers to accessing services facing people with a disability.

The study was designed to achieve the following specific research objectives:

- Map all facilities that provide health care, education (including tertiary education), social services (territorial social service centres that provide support to women, children and persons with disabilities) and administrative services centres in the 15 target cities of DG East.
- Identify key physical, communication, attitudinal, policy, programmatic, logistical and social barriers affecting persons with disabilities in accessing these services based on the six core functional domains on the Washington Group Short Set on Functioning¹ (including seeing, hearing, mobility, cognition, self-care, and communication)
- 3. Evaluate, at the facilities level, the barriers affecting provision of basic services for persons with disabilities

Outputs of the study include this report and an interactive web map² of all assessed facilities classified by their level of accessibility as determined by a direct observation.

Data collection included 20 Focus Group Discussions (FGDs), 508 Key Informant Interviews (KIIs) with service users, 500 KIIs with representatives of facilities providing services, and 475 direct observations at facilities.

¹ For more information, see the Washington Group of Questions <u>online</u>.

² Available online in English and Ukrainian

Key findings of the assessment indicate that:

People with a disability face additional challenges accessing basic services

Issues around accessibility in facilities that offer basic services have made it more difficult for people with a disability to access services in the assessed areas. People with a disability were found to experience difficulties relating to staff attitude, queues, inadequate opening hours and insufficient information. However, in addition to such challenges that may affect the general population in Ukraine, people with a disability also faced concerns relating to the infrastructural accessibility of facilities and transportation to and from facilities. It may be reasonably presumed that the insufficiency of accessible facilities reduces demand for such facilities (by reducing the population for whom the facilities are available), as well as potentially creating negative care experiences and/or delays in seeking necessary care.

The majority of facilities do not meet national accessibility standards and norms, leading to environmental barriers

A high proportion of assessed facilities lacked sufficient ramps, toilets and equipment, particularly relating to education and administrative services facilities. While some of the facilities were found to be partially accessible, they nonetheless did not fully comply with the national accessibility standards and norms.

Issues affecting the accessibility of facilities vary based on the type of physical or cognitive difficulty experienced by the service users. Particularly, access to information and communication, potentially through braille or sign language, remain critical gaps that are necessary for certain service users to access services. Indeed, only 4% of facilities offered information in braille. Whilst gaps were found regarding both direct (with no assistance) and indirect (utilising assistive technologies) accessibility, even basic signage helping service users navigate the facility was found to be lacking in many facilities (52%).

Many facilities lacked staff with sufficient awareness of how to work with people with a disability and disability inclusion

Both service users and service providers expressed that there was additional need for training of staff relating to disability inclusion in public services, particularly around best practices or the availability of resources to remove accessibility barriers. Of particular interest amongst service providers were training on communication with people with a disability, training on how to appropriately support people with disabilities within facilities, training on the correct terminology when referring to people with disabilities and training on legislation relating to people with a disability. Figure 1. Top three barriers to accessing services as reported by FGD participants (by functional domain of disability)

People with difficulty with mobility

- 1. Inaccessibility of physical infrastructure in facilities
- 2. Overall bad staff attitude
- 3. Disrespectful treatment by staff

People with difficulty with hearing

- 1. Overall bad staff attitude
- 2. Information provided in an unusable format
- Insufficient information from facilities

People with difficulty with cognition

- 1. Disrespectful treatment by staff
- 2. Overall bad staff attitude

3. Physical infrastructure: lack of adequate queue system/waiting areas

People with difficulty

- with communication
- 1. Disrespectful treatment by staff
- 2. Lack of assistive equipment to facilitate communication
- 3. Overall bad staff attitude

Top 3

reported barriers to accessing services amongst FGD participants by functional domain of disability

People with difficulty with seeing

- 1. Physical infrastructure: lack of tactile tiles/stripes, pointers, step-marking tape
- 2. Insufficient lighting of premises
- Disrespectful treatment by staff

People with difficulty with self-care

- 1. Inaccessibility of physical
- infrastructure in facilities 2. Overall bad staff attitude
- Overall bad st
 Long queues

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CRM	Complaints Reporting Mechanism
DG East	The USAID Democratic Governance East Programme
FGD	Focus Group Discussion
GCA	Government Controlled Areas
HeRAMS	Health Resources Availability Mapping
II	Individual Interview
KI	Key Informant
KII	Key Informant Interview
NGCA	Non-Government Controlled Areas
NGO	Non-Governmental Organisation
PwD	Person with Disabilities
TWG	Technical Working Group
USAID	The United States Agency for International Development
WGQ	Washington Group of Questions

Abbreviations and Acronyms

Geographical Classifications

- **Oblast** An oblast is a type of administrative division Ukraine. It is the first level sub regional administrative region. The term is analogous to "state" or "province"
- **Raion** A raion is a type of administrative division of Ukraine. It is the second level sub regional administrative region. The term is analogous to "district" or "commune"

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Introduction

As some of the most densely populated regions of Ukraine, Donetsk and Luhansk regions (oblasts) contain an estimated 210,000 (160,000 in Donetsk oblast and 50,000 in Luhansk oblast) persons with disabilities, representing more than 8% of the total Ukrainian population of people with disabilities.³ Additionally, an estimated 180,000 persons with disabilities reside in Non-government Controlled Areas (NGCAs), and are therefore unable to access disability benefits from the Ukrainian Government.⁴ A review of secondary data shows that the number of registered people with a disability has dropped by 33% in Donetsk and 53% in Luhansk comparing 2011 and 2016 data (pre-conflict and post conflict).⁵

Conflict in the eastern Ukrainian regions of Donetsk and Luhansk has significantly disrupted access to basic services by damaging infrastructure, causing demographic shifts through displacement, restricting freedom of movement, and physically disconnecting populations in GCAs from large urban centres in NGCAs.⁶ While conflict continues along the 470km contact line, development actors have begun the work of supporting sustainable recovery and reconstruction work required to revitalize areas that are no longer experiencing active armed conflict.

The United States Agency for International Development (USAID) is one such actor, and, through its Democratic Governance East Activity (DG East), USAID aims to strengthen the connection and trust between citizens and their Government in eastern Ukraine by increasing citizen participation to improve Ukraine's governance and reform processes to help resolve community problems.

A major cross-cutting component of DG East is to support and promote opportunities for under-represented groups to participate in and contribute to the changes ensuing from Ukraine's national reforms. The ambitious decentralization, health, and education reforms are aimed at putting more power in the hands of people at the local level in order to improve service delivery to all citizens. To support DG East and its partners to better understand the current situation concerning access to public services for Persons with Disabilities (PwDs) in Donetsk and Luhansk oblasts, DG East commissioned this study to identify and assess barriers facing persons with disabilities at facilities in 15 target cities in the region in order to inform USAID development programming in the region. The assessment aimed to answer the following research questions in furtherance of that objective:

- 1. Which facilities in the assessed area provide primary health care, education (including tertiary education), social services or administrative services?
- 2. What are the physical, communication, attitudinal, policy, programmatic, logistical, and social barriers that PwDs face in accessing basic services?
 - a. How do these barriers change depending on the core functional domain affected by disability? (i.e. seeing, hearing, mobility, cognition, self-care, and communication)?
- 3. To what extent have facilities in the target areas been able to address these barriers?
- 4. What are the critical gaps that these facilities could address to enable inclusive service delivery in the target areas?

³ State Statistics Services of Ukraine. Statistical Yearbook of Ukraine. Available here.

⁴ Ibid

⁵ Ibid

⁶ REACH, 2018. Capacity and Vulnerability Assessment Along the Contact Line. Available <u>here</u>.

5. What is the level of satisfaction amongst service users on quality of service provision?

The report provides a detailed description of the methodology utilised and outlines the key findings of the assessment, which examines the physical, attitudinal, communication and logistical barriers reported by service users (both Key Informants (KIs) and FGD participants), comparing these barriers with the reported state of facilities by service provider KIs and direct observation. The report concludes with a series of recommendations from accessibility experts at the Democratic Governance East Activity for how to improve accessibility in the assessed area grounded in the evidence-base created by this study.

The assessment examines the physical, attitudinal, communication, and logistical barriers reported by service users (through KIs and FGDs) and compares these barriers with the reported state of facilities by service providers (through KIs and direct observation). This report provides a detailed description of the methodology and outlines the key findings of the assessment, after which it concludes with a series of findings-informed recommendations from accessibility experts at the DG East Activity on how to improve accessibility in the assessed area.

Methodology

Methodology overview

The objectives, scope and methodology of the Accessibility Assessment were developed by a Technical Working Group (TWG), led by the USAID DG East Activity and comprised of staff of IMPACT Initiatives and DG East, as well as expert consultants on accessibility (one Ukrainian and one international expert).

The TWG selected a mixed method approach consisting of semi-structured FDGs with caregivers and organisations working with people with a disability, semi structured individual interviews, structured KIIs with service providers, structured user interviews with persons with disabilities at service delivery points and direct observations. During the inception phase, IMPACT worked closely with inclusion experts from the DG East Activity to organize FDGs with social workers, organisations working with people with a disability and individual interviews with PwDs to identify key barriers in access to basic services for PwDs. Using the Washington Group Set of Questions⁷ (WGQ) functional domains of impairment as a lens to disaggregate issues facing people with a disability, the FDGs and individual interviews (IIs) aimed to collect information on people with difficulties related to seeing, hearing, mobility, cognition, self-care, and communication that affect access to critical basic services and iv) social services (focus on service for persons with disabilities and services for families). The aim of the FGDs and IIs is thus to identify common physical, communication, attitudinal, policy, programmatic, logistical and social barriers that affect participation of people with disabilities.

The assessment then utilised findings from the FGDs and IIs to design two structured data collection tools to evaluate the extent to which these barriers are present in the estimated 500 service delivery points located in the target geographical area. The first tool consisted of a KII with a representative of the facility in question, which was supplemented by a user KII and a direct observation of the facility.

Population of interest

The population of interest consisted of service providers and persons with disabilities in 15 cities of Donetsk and Luhansk GCA including: Kramatorsk, Mariupol, Bakhmut, Sloviansk, Druzhkivka, Pokrovsk, Kostiantynivka, Marinka, Starobilsk, Svatove, Kreminna, Severodonetsk, Lysychansk, Stanytsia-Luhanska, Popasna. These cities were selected by the TWG as they are home to a majority of the target populations in the region.





⁷ More information about the Washington Group of Questions is available <u>online</u>.

Secondary Data Review

The secondary data review focused on gathering geospatial data on all healthcare, education (including tertiary education), social services and administrative services present in the target area through a review of official facilities information from the Ministry of Health, the Ministry of Education, the Ministry of Social Policy and the raion administrations. Data was cross checked wherever feasible with information from the State Statistics Services of Ukraine and United Nations sources such as the HeRAMS (Health Resources Availability Mapping System). For areas covered by previous REACH research⁸, IMPACT used their population database for triangulation. Additional data may be provided by the open source mapping platform (open street map).

Primary Data Collection

The primary data collection was comprised of three components: i) 20 focus group discussions ii) 36 individual interviews iii) 500 semi-structured key informant interviews iv) 508 key informant interviews with service users and v) 475 direct observations of facilities containing 500 service providers.

Focus Group Discussions (FGDs)

IMPACT organized FGDs in 3 cities. In each city, 6 FDGs with people with a disability, social workers and non-governmental organisation (NGO) activists were organised. The participants were recruited by IMPACT staff in close collaboration with NGO organisations present in the cities. Groups included up to 10 persons to cover the six functional domains of disability from the Washington Group of Questions. The FGD questionnaire captured participants' experiences relating to accessing public services for themselves (in the case of participants with a disability) and of the populations that they support (in the case of social workers, activists and caregivers). The aim of the FGDs and IIs was to identify common physical, communication, attitudinal, policy, programmatic, logistical and social barriers that affect the ability of people with a disability to effectively receive and access services. In addition, the FGDs and IIs served to approach the lived realities of people with disabilities regarding access to public services.

A total of 20 FGDs were facilitated by IMPACT enumerators between 22-26 July 2019 in Kramatorsk, Severodonetsk and Mariupol. A these activities can be found in Table 1.

Table 1. Summary of FGDs with people with disabilities.

	People with difficulty seeing	People with difficulty hearing	People with difficulty with mobility	People with difficulty with cognition	People with difficulty with self-care	People with difficulty with communication	Total
Kramatorsk	1	1	1	1	1	1	6
Mariupol	1	1	2	1	1	2	8
Severodonetsk	1	1	1	1	1	1	6
Total	3	3	4	3	3	4	20

⁸ REACH is a joint initiative of IMPACT Initiatives, ACTED, and UNOSAT.

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Individual Interviews (IIs)

IMPACT organized IIs in six cities with persons who have one of the six different types of disabilities based on the Washington Group of Questions. These interviews focused on identifying the key common physical, communication, attitudinal, policy, programmatic, logistical and social barriers that affect the participation of PwDs disaggregated by disability type. The intention of the IIs was to inform the design of KI questionnaires by identifying areas to measure quantitatively. Participants were identified in collaboration with social service providers and disability rights organisations that participated in the FGD exercise. A summary of individual interviews can be found in Table 2.

Table 2. Summary of individual interviews with people with disabilities.

	People with difficulty seeing	People with difficulty hearing	People with difficulty with mobility	People with difficulty with cognition	People with difficulty with self-care	People with difficulty with communication	Total
Kramatorsk	1	1	1	1	1	1	6
Mariupol	1	1	1	1	1	1	6
Severodonetsk	1	1	1	1	1	1	6
Sloviansk	1	1	1	1	1	1	6
Lysychansk	1	1	1	1	1	1	6
Bakhmut	1	1	1	1	1	1	6
Total	6	6	6	6	6	6	36

Key Informant Interviews (KIIs)

IMPACT also conducted KIIs with representatives of facilities providing services and with service users. The surveys were conducted on the mobile data collection application KoBo Toolbox and shared for validation and endorsement to the TWG. Facilities were selected by the TWG based on their relevance for the programming of the DG East Activity. In total, 508 KIIs were conducted with service users experiencing difficulties with one or more of each of the functional domains of disability identified in the WGQ (Table 3). In certain circumstances (most often in the case of people with difficulty with cognition, self-care or with children) the caregivers of people with a disability were interviewed in representation of the person themselves.

KIIs with service providers included interviews with representatives of 500 facilities in the 15 assessed settlements, including 32 interviews with representatives of administrative services providers, 313 interviews with representatives of education service providers, 107 interviews with representatives of health care providers and 48 interviews with representatives of social services providers (Table 3). Map 1 outlines the number of KIIs with service providers in each of the assessed settlements.

Table 3. Summary of service user KIIs.

	People with Difficulty seeing	People with Difficulty hearing	People with Difficulty with mobility	People with Difficulty with cognition	People with Difficulty with self-care	People with Difficulty with communication	Total
Administrative svc	3	3	17	1	1	1	26
Education svc	17	6	55	59	15	39	191
Health svc	27	12	123	16	22	5	217
Social svc	19	5	59	11	11	12	117
Total	66	26	254	87	49	57	508*

*Note: category totals do not sum to the grand total of 508 KIs due to some KIs reporting multiple functional domains of disability.

Table 4. Summary of KIs from service providers.

Settlement	Admin. services	Education	Health	Social services	Total
Bakhmut	4	16	3	1	24
Druzhkivka	1	7	6	1	15
Kostiantynivka	3	7	11	3	24
Kramatorsk	3	44	13	3	63
Kreminna	2	3	1	1	7
Lysychansk	1	21	16	3	41
Marinka	2	1	1	0	4
Mariupol	1	144	23	8	176
Pokrovsk	3	9	0	2	14
Popasna	2	2	5	9	18
Severodonetsk	1	21	12	2	36
Sloviansk	3	28	9	4	44
Stanytsia Luhanska	2	1	3	7	13
Starobilsk	2	9	2	2	15
Svatove	2	0	2	2	6
Total	32	313	107	48	500



Map 1. Number of KIIs with service providers by assessed settlement.

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Direct Observations

Enumerators conducted observations of physical conditions within (and in the vicinity of) facilities in which KIIs were conducted. The items observed in each facility were based on identifying compliance with Ukrainian building norms regarding inclusive facility access. The results of the direct observation were further included in an online map.⁹

Table 5.	Summarv	of direct	observations	at facilities.
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	nin services	cation	ŧ	ial services	a
Settlement	Adn	Edu	Неа	Soc	Tot
Bakhmut	2	15	3	3	23
Druzhkivka	1	7	5	1	14
Kostiantynivka	3	7	10	3	23
Kramatorsk	3	43	12	3	61
Kreminna	2	3	1	1	7
Lysychansk	1	20	13	3	37
Marinka	2	1	1	0	4
Mariupol	1	143	23	9	176
Pokrovsk	2	9	0	2	13
Popasna	1	2	4	6	13
Severodonetsk	1	20	10	2	33
Sloviansk	4	29	9	3	45
Stanytsia Luhanska	1	1	2	5	9
Starobilsk	2	8	2	2	14
Svatove	0	0	1	2	3
Total	26	308	96	45	475

Data collection

Data was collected from 7 August to 16 August, 2019 following a 1-day training to review the questionnaire. In parallel with the training enumerators informed the service providers about the research objectives and organised appointments with them to conduct the surveys.

All incoming data was checked by the data analysis team to identify potential inconsistencies and to verify the validity of the data. Each day, the field teams reported on surveys completed, which was then triangulated with data submitted in the Kobo surveys. Random spot checks were conducted by the team leaders to ensure that the survey took place as reported and

⁹ Available online in English and Ukrainian

ensure quality of the interview. As per standard IMPACT practice, contact cards for complaints were shared to all survey participants during the interview to raise any issues.

Limitations

- Although the majority of service provider facilities were accessed for an interview in each of the assessed settlements, in certain cases facilities were prioritised based on the programmatic strategy of DG East, meaning that the findings may not represent the situation in every facility in every settlement.
- KIIs with service users are not generalisable to the entire population of people with a disability as they were not selected according to a random sampling frame. Findings from KIs should be considered indicative of the situation.
- Qualitative data from FGDs with people with a disability, social workers and NGO activists represent the individual experiences of FGD participants and should therefore be considered indicative.
- In some cases, caregivers of people with disabilities were interviewed on behalf of the person themselves.
- In certain cases, KIs from service provider facilities appeared to perceive the interview
 as an audit of their operations, potentially influencing their responses to questions
 about service availability and quality. Although enumerators were trained to inform
 participants that the survey would not be used to judge their individual performance, it
 should be considered when interpreting results from KIIs with service provider facilities.

Findings

Physical Barriers

This section examines the physical barriers reported by FGD participants and service user KIs, comparing findings to issues reported by KIs representing service providers. Physical barriers for people with a disability include obstacles that inhibit the ability of service users to enter or move around a facility. Physical barriers may be encountered at the entrance to the facility (e.g. lack of a ramp) or within the facility (e.g. lack of an elevator/lift). Those physical barriers that are experienced in transit to the facility (e.g. inadequate transportation) are included in the section on logistical barriers for the purposes of this assessment (see pg. 28).

Principal physical barriers

Twenty-nine per cent (29%) of service user KIs reported physical accessibility issues in facilities (Figure 2). Of those that reported issues, nearly half (44%) reported problems relating to entrance ramps at facilities, followed by other infrastructural concerns such as lack of a lift (38%), steps near doorways (35%), lack of appropriate toilets (28%) or narrow doorways/corridors (19%).

Significant variation was found between the experience of physical barriers and the functional domain of disability, with KIs experiencing difficulty with self-care most likely to report physical accessibility concerns in facilities (49%, Figure 3), followed by those with difficulty with mobility (41%), seeing (38%), cognition (23%), communication (19%) and hearing (8%).

Participants of several focus groups highlighted additional concerns relating to physical accessibility, including insufficient toilets (mentioned in 4 groups), inadequate furniture (4 groups), poor lighting in facilities (3 groups), and slippery floors (3 groups).



Figure 3. Proportion of service user KIs reporting problems due to physical accessibility of facilities, by facility type.

Figure 4. Proportion of service user KIs reporting problems due to the physical accessibility of facilities, by functional domain of disability.



Infrastructural upgrades

Regarding upgrades to physical infrastructure, KIs from less than four in ten assessed facilities (39%) reported that their facility had undergone upgrades to physical infrastructure to improve accessibility for people with a disability since January of 2016. KIs from administrative services facilities were the most likely to report having upgraded physical infrastructure (55%), followed by KIs from health facilities (52%), social service facilities (51%) and education facilities (30%).

The most frequently reported upgrade to physical accessibility was the installation of a ramp (24% of all assessed facilities, Table 6), followed by improvements to the entryway to remove barriers (16%), installation of a call button (12%), renovation of toilets to accommodate people with a disability (11%) and installing lighting (11%). Administrative services facilities were the most likely of all facility types to have reportedly installed a ramp since 2016 (33% of administrative services facilities) and education facilities the least likely (20%).

Table 6. Most frequently reported physical accessibility upgrades installed since January 2016 (as reported by KIs from service providers).

	Admin	Education	Health	Social	Total
Installed ramp	33%	20%	27%	32%	24%
Removed physical obstacles in the entryway	24%	12%	26%	17%	16%
Installed a call button	21%	8%	15%	26%	12%
Renovated toilet to accommodate PwD	9%	9%	13%	17%	11%
Installed/improved lighting	6%	8%	16%	19%	11%

Direct observation found that across service types, 44% of assessed facilities had ramps at the entrance, with social service facilities most likely to have a ramp (73%), followed by health care facilities (60%), administrative services facilities (55%) and education facilities least likely to have a ramp (33%). Map 2 provides an overview of the proportion of facilities observed to have a ramp within each assessed settlement.

However, most ramps that did exist were found to be inadequate according to Ukrainian building norms,¹⁰ with direct observation indicating that 81% of ramps lacked adequate handrails,¹¹ 62% of entrance ramps lacking non-slip coating, 52% of entrance ramps found to

¹⁰ Ministry of Development of Communities and Territories of Ukraine, 2019. State Building Norms, Accessibility of Buildings and Structures. Available <u>online</u> (in Ukrainian).

¹¹ Adequate handrails are defined as between 70 cm and 90 cm on both sides for ramps higher than 0.2 meters

be less than 1.2 meters in width and 28% of ramps found to have uneven surfaces or joints greater than 1.5 cm in height (Figure 5).

Figure 5. Proportion of facilities with ramps observed to have the following inadequate conditions.





Map 2. Proportion of facilities observed to have a ramp at the entrance to the facility, by settlement.

Regarding the pitch of ramps, only 10% of assessed facilities were found to have ramps with an 8% or shallower grade. Sixteen percent (16%) of facilities that reportedly had been upgraded since 2016 had non-compliant ramps, suggesting that facilities had been upgraded without sufficient compliance with the national norms.



Figure 6. Proportion of facilities with ramps compliant with Ukrainian norms, by facility type.

Queues as a physical barrier

Participants in 16 out of 20 FGDs reported perceiving that at least one type of assessed facility was physically inaccessible. However, the most commonly reported physical barrier to access was long queues (reported by participants in 10 of 20 FGD groups) which may be extremely inconvenient for people with difficulty standing for long periods of time or people reliant on caregivers to assist them in facilities.

Indeed, regarding the relationship between functional domain of disability and reported problems with queues, people experiencing difficulties relating to cognition and people experiencing difficulties relating to self-care reported queues to be a physical barrier in all FGD sessions held with this group, while participants experiencing difficulties related to hearing reported queues as a physical barrier in none of the FGD sessions (Table 7).

Table 7.	Number of	of FGDs	with	participants	reporting	queues	as	a barrier	to	accessing	services	(by	functional
domain c	of disability	()											

People with difficulty with cognition	3 of 3
People with difficulty with communication	3 of 4
People with difficulty with hearing	0 of 3
People with difficulty with self-care	3 of 3
People with difficulty with seeing	0 of 3
People with difficulty with mobility	1 of 4

Lack of specialized equipment as a physical barrier

The second most likely physical barrier as reported by participants of FGDs was a lack of specialized equipment such as wheelchairs, adapted bathtubs or strollers for people with a disability in facilities (10 out of 20 FGDs). Participants also noted cases in which specialized equipment was available but that users required more assistance to use it than was provided by the facility (reported in 8 of 20 FGDs). Likewise, KIs from 69% of assessed facilities reported that their facility did not have sufficient specialized equipment to support people with a disability. KIs from education facilities reported lacking specialized equipment in the greatest

proportions (77% of facilities), followed by those from administrative services facilities (73%), social service facilities (55%) and health facilities (50%, see Figure 7).





Accessible toilets

Overall, most facilities were found to have toilets that were non-compliant with at least some of the norms relating to inclusion of people with disabilities. One in six (17%) of facilities were found to have a separate toilet/hygiene area for people with a disability. Of these, 88% were found to lack a call button, 61% lacked a pictogram, 51% were found to be entirely lacking handrails, 50% were found to lack a door of appropriate width (at least 90cm), and 29% were found not to be of appropriate size (minimum 1.65m by 1.8m). Enumerators evaluated the accessibility of such toilets for people with difficulty with mobility and people with difficulty seeing and found a significant proportion of facilities to lack toilets that were accessible for these groups (Figure 8)



Admin

Social

People with difficulty seeing

Total

Figure 8. Proportion of facilities with accessible toilets for people with difficulty moving and seeing (as evaluated by enumerators)

Conclusions

Education

Health

People with difficulty walking

This section examined some of the physical barriers reported by FGD participants, service user KIs and those directly observed at facilities. Findings indicate significant gaps relating to physical barriers, even amongst facilities that had been upgraded in the three years prior to data collection. Particularly, large proportions of facilities were found to lack sufficient ramps, toilets, or specialized equipment for people with disabilities, or had queues that reportedly limited access for people with a disability. These findings indicate both the need to continue to physically upgrade facilities, but also to ensure that those managing the upgrades are informed about the acceptable minimum standards and building norms.

Attitudinal Barriers

This section examines the attitudinal barriers reported by FGD participants and service user KIs, comparing findings to issues reported by KIs representing service providers. Attitudinal barriers may include issues relating to stigma, discrimination and stereotyping of persons with disabilities, but also include issues relating to lack of knowledge about how people with disabilities participate in daily life differently than people without disabilities. Attitudinal barriers also encompass issues relating to treatment of people with a disability with dignity and respect.

Principal attitudinal barriers reported

Across FGDs with persons with disabilities, participants of the majority of groups reported disrespectful treatment towards people with a disability by staff (reported by participants in 17 of 20 FGDs), or that staff had a general bad attitude (17 of 20 FGDs).

Service user KIs reported generally high level of satisfaction with the attitudes of service providers, with only 16% of service users reporting issues relating to staff attitude (Figure 9). Service users of administrative services were the most likely to report staff attitude issues (27%), followed by users of social services (25%), health care (15%) and education (10%).

Comparing functional domains of disabilities with reported problems due to staff attitude, KIs with difficulty seeing reported problems with staff attitude at the highest rates (20%), and people with difficulty hearing were the least likely to report problems with staff attitude (12%, Figure 8)



People with difficulty with seeing People with difficulty with cognition People with difficulty with self-care People with difficulty with mobility People with difficulty with communication People with difficulty with hearing Overall



Within the context of service provision in eastern Ukraine, it is difficult to identify to what extent attitudinal barriers to accessing services may relate to disability or the attitudes of service providers in general, with only 8% of service user KIs reporting that they believed service providers treated them worse than people without disabilities. The remainder reported perceiving that they received the same treatment (57%) or better treatment (35%) than people without disabilities. Further research may be necessary into the specific drivers of attitudinal barriers within the context of Ukraine.

Complaints reporting mechanism

To address concerns surrounding staff behaviour and attitude, it is relatively common for organisations and service providers to have a Complaints Reporting Mechanism (CRM) through which service users can communicate issues or complaints regarding service in an official manner. Approximately half (49%) of service user KIs reported that no such complaints mechanism was available, with 29% reporting awareness of the existence of a CRM and 23% reporting not knowing whether their facility had a CRM (Figure 11). It is important to note that

lack of awareness of a CRM is functionally equivalent to lack of a CRM altogether in terms of providing recourse in case of issues. Map 3 provides an overview of the awareness of service user KIs of a CRM in each of the assessed settlements.



Figure 10. Proportion of service user KIs reporting awareness of a CRM in their facility, by facility type.

Of those KIs that were aware of a CRM, 12% had utilized it in the two years prior to data collection, and 6% reported having needed to use it but feeling too uncomfortable with the process.

Conclusions

This section examined some of the attitudinal barriers reported by FGD participants, service user KIs and those directly observed at facilities. Findings indicate remaining gaps relating to staff attitudes, but more research is required into the extent to which those attitudes relate specifically to staff attitudes towards people with a disability, particularly as only a minority of service user KIs reported perceiving that they received worse treatment than non-PwD service users.



Map 3. Proportion of service user KIs reporting the knowledge of the availability of a CRM, by settlement.

Communication Barriers

This section examines the communication barriers reported by FGD participants and service user KIs, comparing findings to issues reported by KIs representing service providers. Barriers to communication for persons with disabilities include barriers that inhibit the ability of persons experiencing difficulties with hearing, speaking or vision, and people who use different ways to communicate than people without disabilities. Communication barriers may be encountered relating to written information about the facility, oral communication in-person or by telephone (e.g. to access services, make appointments or receive referrals), or the use of technical language or long sentences.

Principal communication barriers reported

Participants of FGDs most frequently cited barriers around communication concerning the format or availability of information (mentioned in 14 of 20 groups). Amongst service user KIs, 12% reported that they experience problems accessing information from facilities, with KIs that use social service facilities most likely to experience problems and KIs that use education facilities least likely to report problems accessing information (Figure 12).

Comparing by functional domain of disability, people with difficulty hearing were the most likely to report problems accessing information from facilities (23%), whilst people with difficulty communicating and people with difficulty with cognition were the least likely to report problems accessing information from facilities.





Figure 12. Proportion of service user KIs reporting problems accessing information from facilities, by functional domain of disability.



Of those user KIs that experienced problems accessing information about the facility, the most commonly reported barrier that they experienced was not knowing where to find information

(49%), staff unwillingness to provide requested information (42%), lack of telephone information hotline (31%), and staff not knowing the correct information (25%).

Preferred communication modalities

KIs representing service providers reported some variation between the methods of information transfer offered to service users by service type. Table 9 demonstrates this variation, showing slightly less variation in methods of information transfer offered by education and health facilities, and slightly more options in administrative and social service facilities.

	Admin	Education	Health	Social	Total
Orally	88%	84%	82%	100%	85%
Online	85%	85%	85% 63% 68%		79%
Telephone	100%	65%	6 82% 85%		73%
Information stand	70%	50%	67%	70%	57%
Email	52%	40%	30%	55%	40%
Printed (standard font)	45%	20%	30%	43%	26%
Printed (large font)	39%	20%	32%	34%	25%
Braille	6%	1%	6%	19%	4%
Other	15%	8%	13%	21%	11%

Table 8. Most reported formats of information that are reportedly available by service providers (% of Kls), by service type

Despite being the third most commonly reported communication method by service providers, service users most commonly reported telephone communication as the preferred modality for communication (49% for calls initiated by the service user, 29% for calls initiated by the facility – see Figure 13). Similarly, some of the less-reported means (such as braille or text printed in large font) are potentially the most important means for persons with difficulty seeing to access information, and therefore likely have a large impact on the ability of those populations to navigate the information offered by facilities.

Figure 13. Most preferred modalities of communication to receive information about services available at facilities (% of service user KIs)





Map 4. Proportion of facilities observed to have directional signage, by settlement.

Accessible signage

Direct observation found variation in signage communicating key information to service users. Approximately half (48%) of facilities of all types were found to have the name of the facility clearly visible. Likewise, only 24% of facilities had an information board posting the hours of operation, and of those, 39% were not fully compliant with building norms (written in large font, using contrasting colours, matte finish, logical/readable structure of information¹²).

Information about hours of operation was more likely to be posted on the interior of the facility (57% of facilities), though in several cases (21%) there was found to be insufficient light in the corridor to read the information signage inside. Most facilities were also observed to have information plates posted on doors in the interior of the facility (72%), though few facilities with information plates had the information written in braille (4% of facilities).

Regarding emergency signage, 38% of facilities were observed to have an available evacuation plan marked with contrasting colours. An additional 20% of facilities were partially compliant with signage norms, while 42% of facilities lacked such an evacuation plan entirely. Similarly, only 18% of facilities had pictograms indicating the location of exits, of which half (50%) had signage, but signage that was observed to not clearly communicate the location of the emergency exit. Map 4 indicates the proportion of facilities observed to have directional signage in each of the assessed settlements.

Conclusions

This section examined some of the communication barriers reported by FGD participants, service user KIs and those directly observed at facilities. Findings indicate remaining gaps concerning the format and sufficiency of information available, particularly with the most preferred modality reported by service users for communicating with facilities (telephone) absent from more than one in four (27%) facilities. Accessible signage was an additional gap, with the majority of facilities lacking clearly printed signage indicating basic information about the facility, as well as the majority of facilities lacking emergency evacuation plans.

¹² Ukrainian building norms for inclusive service access are available online in English and Ukrainian

Logistical Barriers

This section examines logistical barriers faced by persons with disabilities as reported by service users and KIs representing facilities. Logistical barriers include issues that affect the ability of people with a disability to access facilities due to problems traveling to facilities due to, for example, poor availability of transportation, poor location of facilities, or hours of operation restricting service users' ability to visit the facility.

Public Transport Availability

FGD participants reported logistical barriers at lower rates than they reported other kinds of barriers to accessing public services. The most reported barriers included insufficient public transportation to facilities (participants in 7 of 20 FGDs) and that the physical location of facilities within the city was difficult to access (7 of 20 FGDs).

Based on direct observation at facilities, 55% of assessed facilities were not located within 100 meters of a public transport stop. Map 5 indicates the proportion of facilities in each assessed settlement located within 100 metres of a public transport stop. Of the assessed types of service providers, social service providers were most likely to be observed to be located far from public transport, with 64% of facilities located in areas more than 100 meters from a stop, followed by education facilities (58%), health care facilities (44%) and administrative services facilities (37%).

Hours of Operation

Although hours of operation for facilities were not reported as a significant concern by FGD participants, nearly one in six service user KIs (16%) reported experiencing problems accessing facilities due to hours of operation. Some variation was found between facility types, with users of education facilities reporting problems relating to hours of operation in the highest proportions (22%), and users of health care facilities least likely to report hours of operation to be a concern (11%).

More significant variation, however, was found in relation to functional domain of disability. KIs who reported having difficulty with cognition were found to be more than four times as likely as those with difficulty hearing to report problems caused by hours of operation at their facilities (21% and 4% respectively, Figure 16). This finding may potentially relate to the likelihood that people with difficulty with cognition need the support of a family member or caregiver to accompany them, however additional research would be required to further explain such a conclusion.



Figure 14. Proportion of service user KIs reporting problems due to facility hours of operation, by facility type.



Map 5. Proportion of facilities observed to be located within 100 metres of public transport, by settlement.

Figure 15. Proportion of service user KIs reporting problems due to facility hours of operation, by functional domain of disability.



Logistical Support by Facilities

Transportation

Across facility types, KIs from 12% of facilities reported that their facility provides some kind of transport for service users. Perhaps unsurprisingly, health care provider KIs were most likely to report providing transportation (38%), followed by social service providers (26%), administrative service providers (12%) and education service providers (1%). Despite the relatively low proportion of KIs reporting that facilities provide transportation, higher proportions (though still a minority) reported that they believed providing transportation for service users would improve the service that they provide to people with disabilities (KIs from 19% of facilities).

Service user KIs reported awareness of availability of transportation services at significantly lower rates than did service provider KIs, with only 5% of service users reporting that service providers facilitate transportation for them.

Referral Services

Across service types, KIs from just over half (51%) of facilities reported that their facility provides referrals to other facilities or specialists for any reason. KIs from 38% of facilities reported that the facility provides referrals along with making special accommodations for the needs of persons with disabilities in such referrals (for example, potentially making phone calls or supporting transportation to other facilities).

However, service user KIs, reported awareness of such special accommodations at a lower rate, with 28% of service user KIs reporting that the facilities provided special accommodation for people with a disability when making referrals, potentially indicating a lack of information about the services available to them.

Facilitation of booking appointments

According to facility KIs, most facilities in the assessed area provided several means for making appointments, with telephone being the most commonly reported modality available (87%), followed by in-person with receptionist (78%), queuing for service (72%), online booking of appointments (39%), booking by SMS (20%) and using a touch-screen kiosk (6%).

These modalities correlate with the overall preferences of service users, with telephone being the most likely reported modality (79%, Figure 17), followed by in-person with receptionist (21%), online (11%), queueing for service (10%), SMS booking (3%) and touch screen kiosk (1%).

There was, however, variation between functional domains of disability concerning preferred modalities to book appointments, with service users that reported difficulty with mobility

significantly more likely to report telephone as a preferred modality for making appointments (62%) than service users that reported difficulty communicating (25%) and service users that reported difficulty with cognition (24%, Figure 16).





Conclusions

This section examined some of the logistical barriers reported by FGD participants, service user KIs and those directly observed at facilities. Findings indicate a lack of sufficient accessible public transportation to facilities, as well as facilities located far from public transport stops. Hours of operation posed an additional concern, with nearly a quarter (22%) of education service user KIs reporting hours of operation to be barrier to accessing services. To fill the gaps, some facility KIs reported that their facilities provide services such as transportation, referrals or facilitation with booking appointments. However, service users were frequently unaware of the existence of such services, suggesting that either the services were insufficiently advertised or insufficiently extensive to serve the needs of people with a disability.

Policy & Programmatic Barriers

This section examines some of the policy and programmatic barriers faced by persons with disabilities as reported by service users and KIs representing facilities. Policy barriers include issues that affect the ability of people with a disability to access facilities due to lack of compliance with legal frameworks or insufficient public policy. Programmatic barriers include issues relating to how facilities implement such policy and ensure inclusive service delivery.

Compliance with Ukrainian building norms

Policies regarding inclusive building norms are officially in place. Of note, however, was the overall low level of compliance with such building norms in the assessed facilities. Direct observation indicated that none of the assessed facilities were fully compliant with building norms, indicating that there may potentially be additional barriers to implementing policies that have been written, potentially relating to a) the low level of financial resources available to facilities to implement all building norms and b) some level of lack of understanding of priorities when it comes to inclusive construction practices. For more information about the extent to which facilities were observed to be compliant with Ukrainian building norms, please see the online web map.¹³

Staff training

The ability of staff to implement inclusive service delivery has a direct impact on service users' ability to access programming. Responses of service user KIs and FGD participants appeared to correspond concerning the gap in training of facility staff, with the issue of lack of awareness of issues faced by people with a disability reported by participants of half of FGDs (10 of 20 groups) and nearly half (45%) of service user KIs reporting that staff required additional training for working with people with a disability. Service user KIs were most likely to report that administrative service providers needed additional training (54% of KIs), followed by education service providers (50%), health care providers (42%) and social service providers (42%).



Figure 17. Proportion of service user KIs reporting that staff require additional training about working with PwD (by facility type).

Of those service user KIs that reported believing that staff need additional training, most (83%) reported that staff would benefit from training on the specific needs of people with a disability, followed by training on communication with people with a disability (70%), training on how to appropriately support people with disabilities within facilities (49%), training on the correct terminology when referring to people with disabilities (44%), and training on legislation relating to people with a disability (40%).

¹³ Available online in English and Ukrainian

A lack of training amongst service providers was also reported by KIs representing service providers, with 73% of service provider KIs reporting that either none of their staff or less than half of their staff had been trained in working with people with disabilities since the beginning of 2016 (Table 9).

	Admin	Education	Health	Social	Total
No employees	36%	37%	45%	38%	38%
Less than half of employees	27%	40%	21%	28%	34%
More than half of employees	9%	9%	13%	9%	10%
All employees	3%	4%	12%	15%	7%
Don't know	24%	10%	9%	11%	11%

Table 9. Proportion of facilities with KIs reporting that employees had received training about working with PwD since January 2016.

KIs representing facilities with staff that had received training for working with people with a disability reported that the most common type of training related to using the correct terminology (59%), working with people with difficulty with mobility (54%), how to appropriately support people with a disability within facilities (40%), working with persons with difficulty with cognition (35%) and training on the legal rights of people with a disability (28%).

Across all facility types, the majority (84%) of KIs representing service providers reported that their staff would benefit from additional training on working with people with a disability. Of those that reported the need for additional training, the subjects of training that KIs reported needing generally corresponded with themes of training sessions that they had previously received, with additional training on terminology being the most commonly mentioned need (71%), followed by training on working with people with difficulty with mobility (69%), and people with difficulty with cognition (64%), as well as on how to appropriately support people with a disability (55%).

Conclusions

Although policy guidelines exist regarding inclusive construction practices, significant gaps were found to exist in the translation of such policies into the physical construction of service facilities. Likewise, both service user and service provider KIs agreed on the need for additional staff training around issues affecting people with a disability, including regarding Ukrainian legislation on the rights of persons with disabilities.

Barriers reported by FGD participants

The following heat map (Figure 18) provides an overview of the barriers to accessing services reported by FGD participants. The intensity of the colour within each cell of the heat map indicates the relative frequency with which the issue was raised in FGDs within each category of functional domain of disability. Results should be considered indicative.

Overall, attitudinal barriers such as bad staff attitude or treatment were reported at a higher frequency than other barriers, particularly amongst people experiencing difficulty with cognition. Access to information was also a notable concern, particularly for people experiencing difficulties with hearing and with communication. Darkness inside of facilities was comparatively more likely to be reported by people with difficulty seeing, while lack of support in the use of specialised equipment and long queues were particularly reported by people experiencing difficulty with self-care. People experiencing difficulties with mobility were additionally more likely to report issues relating to transportation to/from facilities. Lack of braille or suitable font were raised by people with difficulty with seeing and difficulty with communication.

Figure 18. Heat map of barriers mentioned in FGDs



Conclusion

Within the context of protracted conflict in GCAs of eastern Ukraine, this report outlined the barriers faced by persons with disabilities at basic service provider facilities across 15 eastern Ukrainian cities. Specifically, through FDGs, KIIs and direct observations, the assessment highlighted the most common concerns faced by both service users regarding service access, and service providers regarding gaps in the ability to meet the needs of people with a disability.

Findings of the assessment indicated that people with a disability face additional challenges accessing services, due to both the accessibility concerns inside of facilities and the transportation infrastructure within the cities. Indeed, all of the assessed facilities did not meet the national accessibility norms in at least some way, but particularly relating to physical barriers. Additionally, queues and inadequate hours of operation posed challenges for people with disabilities in terms of service access. Such barriers have the potential to create negative care experiences amongst people with a disability, as well as to potentially limit the availability of basic services for this population. The assessment also found gaps relating to the training of staff on how to work with people with a disability as well as on legal protections of people with a disability, which was notable both to service users as well as service providers.

Moving forward, it is important for aid actors, service providers and government authorities to fill these gaps as a way to promote inclusive service provision. With this in mind, the following recommendations may hint at ways in which service providers can improve their service delivery to be more inclusive of people with disabilities.

General recommendations

- Ensure that staff are knowledgeable about Ukrainian norms and regulations regarding accessibility prior to undergoing any construction renovation. In a significant number of cases, facilities that were found to be noncompliant with norms had undergone improvements for people with a disability since 2016, implying that the facilities had been upgraded, but not in line with the best practices.
- 2. Whenever feasible, consider facilitating the logistical concerns of service users, including transportation to facilities and improved home care, since a principal barrier reported by service users was difficulty getting to facilities, and indeed most facilities were observed to be located further than 100m from the nearest public transport stop.
 - a. Advocate with local authorities for the installation/adoption of accessible public transportation
 - b. Advocate with national authorities to support regulation frameworks concerning accessible transportation.
- 3. Provide training on inclusive service delivery to staff of basic service providers in order to ensure that those working on the front-line of service delivery are aware of how to meet the unique needs of people with a disability in an open and inclusive manner. Of particular value would be training on the following seven modules:
 - a. Types of disability and terminology
 - b. Standards for inclusive building design
 - c. Overview of serving people with disabilities
 - d. Inclusive planning
 - e. Effective communication with people with disabilities

- f. Sector-specific training with medical, administrative, social and education professionals.
- g. Universal Design in Learning¹⁴

Specific recommendations by functional domain of disability

People with difficulty with mobility	1.	Develop a guidance document to provide facilities undergoing physical upgrades with support prioritising the Ukrainian building norms to ensure that in cases of insufficient financial resources, decision makers have adequate information to prioritise which upgrades to undergo.				
		 Advocate that to the extent possible, physical upgrades of facilities utilise the Ukrainian building norms to guide renovations. 				
	2.	Ensure that movable objects (including furniture) do not obstruct walkways or other areas that could hinder free movement within facilities.				
:	3.	Support upgrades to public or private transportation to ensure that people with difficulty with mobility are able to access the facilities that they utilise.				
People with difficulty with	1.	Ensure that there is sufficient lighting inside of facilities to support navigating interior spaces.				
seeing	2.	On interior and exterior information placards and maps, ensure that text is written in high-contrast font and in Braille.				
	3.	Ensure that information regarding facility hours of operation, services provided and booking appointments is available in a non-visual format accessible for people with difficulty seeing.				
People with difficulty with self-care	1.	Ensure that facilities provide appropriate support for caregivers in addition to people with disabilities (including appropriate policies for data protection/ information sharing).				
	2.	Support staff training regarding the use of any specialised equipment needed for people with difficulty with self-care may need to be able to access facilities.				
	3.	Promote the availability of waiting spaces during queues to ensure that people with difficulty with self-care and their caregivers have sufficient and appropriate space to wait for service.				
People with difficulty with hearing	1.	Support staff training in sign language and other modalities for inclusive service delivery to improve on-site support and minimise the perception of disrespectful treatment.				
	2.	Ensure that facilities provide diverse sources of information and modalities for registering for appointments that do not require using the telephone.				
People with difficulty with communication	1.	Ensure that information regarding facility hours of operation, services provide and booking appointments is available in a variety of formats to ensure that people with different ways of communicating are more likely to access the information.				
:	2.	Support staff training on working with people who communicate differently to minimise the perception amongst service users that staff treat them disrespectfully.				
People with difficulty with	1.	Insure that all information products are drafted using straight-forward and easy to understand language to minimise the risk of misunderstandings.				
cognition	2.	Support staff training on working with people who have difficulty with cognition to minimise the perception amongst service users that staff treat them disrespectfully.				

¹⁴ CAST, 2014. Universal Design in Learning: Theory & Practice. <u>Available online</u>.

Whilst these recommendations imply a joint effort on the part of aid actors, service providers and government authorities, the gaps that they aim to fill signify a significant improvement in service provision that is inclusive and available for all residents of eastern Ukraine, regardless of age or disability.

Addressing accessibility challenges for a significant constituency group will reap dividends for local authorities. As the 2018 Social Cohesion and Reconciliation Index (SCORE)¹⁵ indicates, increasing the level of trust in authorities is predicated on an increase in the quality and quantity of access to services and will help reduce scepticism about national reforms.

¹⁵ For more information on SCORE please visit their <u>official website</u>.

Annexes

Annex 1: Questionnaires

Available for download <u>at this link</u>.

Annex : List of Assessed Settlements

Oblast	Settlement				
Donetsk	Bakhmut				
Donetsk	Druzhkivka				
Donetsk	Kostiantynivka				
Donetsk	Kramatorsk				
Donetsk	Marinka				
Donetsk	Mariupol				
Donetsk	Pokrovsk				
Donetsk	Sloviansk				
Luhansk	Kreminna				
Luhansk	Lysychansk				
Luhansk	Popasna				
Luhansk	Severodonetsk				
Luhansk	Stanytsia Luhanska				
Luhansk	Starobilsk				
Luhansk	Svatove				

Annex 3: The Washington Group Short Set of Questions on Disability

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

- 1. Do you have difficulty seeing, even if wearing glasses?
 - a. No no difficulty
 - b. Yes some difficulty
 - c. Yes a lot of difficulty
 - d. Cannot do at all
- 2. Do you have difficulty hearing, even if using a hearing aid?
 - a. No- no difficulty
 - b. Yes some difficulty
 - c. Yes a lot of difficulty
 - d. Cannot do at all
- 3. Do you have difficulty walking or climbing steps?
 - a. No- no difficulty
 - b. Yes some difficulty
 - c. Yes a lot of difficulty
 - d. Cannot do at all
- 4. Do you have difficulty remembering or concentrating?
 - a. No no difficulty
 - b. Yes some difficulty
 - c. Yes a lot of difficulty
 - d. Cannot do at all
- 5. Do you have difficulty (with self-care such as) washing all over or dressing?
 - a. No no difficulty
 - b. Yes some difficulty
 - c. Yes a lot of difficulty
 - d. Cannot do at all
- 6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?
 - a. No no difficulty
 - b. Yes some difficulty
 - c. Yes a lot of difficulty
 - d. Cannot do at all

More information on the Washington Group of Questions is available at the following link:

http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-ofdisability-questions/