

2025



# Recommendations for Improving the Rehabilitation Ecosystem in Kyiv and Chernihiv Oblasts



The project "The Rehabilitation Pathway: From Regional to Community Level" is being implemented by the CF "Patients of Ukraine" as part of the "TRUE - Trauma Rehabilitation for Ukraine" initiative, in partnership with CF "Protez Hub" and with the support of the Belgian agency for international cooperation Enabel.



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# List of Abbreviations

<b>AT</b>	Assistive Technologies
<b>IDP</b>	Internally Displaced Person
<b>NGO</b>	Non-Governmental Organization
<b>DBN</b>	State Building Norms
<b>AD</b>	Assistive Device
<b>OT</b>	Occupational Therapist
<b>HEI</b>	Higher Education Institution
<b>ECEI</b>	Early Childhood Education Institution
<b>GSEI</b>	General Secondary Education Institution
<b>HCF</b>	Healthcare Facility
<b>IRC</b>	Inclusive Resource Center
<b>CMU</b>	Cabinet of Ministers of Ukraine
<b>TE</b>	Therapeutic Exercise
<b>MDRT</b>	Multidisciplinary Rehabilitation Team
<b>NHSU</b>	National Health Service of Ukraine
<b>LGA</b>	Local Government Authority
<b>UTC</b>	United Territorial Community
<b>PMG</b>	Program of Medical Guarantees
<b>PHC</b>	Primary Healthcare
<b>P&amp;O Specialist</b>	Prosthetic/Orthotist Specialist
<b>PE</b>	Prosthetic Enterprise
<b>SEN</b>	Special Educational Needs
<b>SLT</b>	Speech and Language Therapist
<b>PRM Physician</b>	Physician in Physical and Rehabilitation Medicine
<b>SPFPD</b>	Social Protection Fund for Persons with Disabilities
<b>PT</b>	Physical Therapist
<b>CPAS</b>	Center for Public Administrative Services
<b>CEA</b>	Central Executive Authority

# Introduction



# Development of rehabilitation in Ukraine

2017

Ukraine began developing its rehabilitation system in 2017 by integrating these services into the Law "On State Financial Guarantees of Medical Services for the Population"<sup>1</sup>.

This initiative drove systemic changes, culminating in the 2020 Law "On Rehabilitation in the Healthcare System"<sup>2</sup>, the National Health Service of Ukraine (NHSU) began purchasing rehabilitation services under the Program of Medical Guarantees (PMG).

Russia's full-scale invasion created unprecedented challenges for the healthcare system. Demand for rehabilitation has surged, driven by severe trauma – such as spinal cord and traumatic brain injuries, fractures, and amputations – alongside ongoing needs for patients with cardiovascular diseases, chronic conditions, and congenital disorders.

Since 2022, state policy has prioritized inpatient rehabilitation within supra-cluster and cluster healthcare facilities (Law No. 2347-IX)<sup>3</sup>.

However, a system restricted to inpatient care cannot sustain the long-term continuity required for chronic conditions and disabilities.

2022

2025

Consequently, the President of Ukraine identified community-based rehabilitation as a 2025 healthcare priority<sup>4</sup>.

The project "Development of the Rehabilitation Ecosystem in Kyiv and Chernihiv Regions" is aimed at integrating rehabilitation development policies that previously focused on inpatient rehabilitation care in supra-cluster and cluster healthcare facilities with policies for the development of rehabilitation in communities to ensure that the population of the specified regions has access to a comprehensive rehabilitation pathway that meets their needs and enables them to return to life in the community.

**This report presents the results of the assessment of the rehabilitation ecosystem capacity in the Chernihiv and Kyiv regions, as well as in the city of Kyiv – from the regional level to the community level.**

Specifically, the report includes an analysis of the state of rehabilitation service delivery, existing patient referral practices, mapping of rehabilitation and related service providers, including prosthetics and orthotics services, as well as the identification of gaps, challenges, and opportunities for developing the ecosystem in the specified regions.

<sup>1</sup> Law of Ukraine "On State Financial Guarantees of Medical Care for the Population", No. 2168-VIII of 19 October 2017. Retrieved 3 July 2025 from <https://zakon.rada.gov.ua/laws/show/2168-19#Text>

<sup>2</sup> Resolution of the Cabinet of Ministers of Ukraine (CMU) "On Approval of the Procedure for the Implementation of State Financial Guarantees of Medical Care for the Population under the Program of Medical Guarantees in 2020", No. 1124-p of 19 November 2019. Legislation of Ukraine database. Retrieved 3 July 2025 from <https://zakon.rada.gov.ua/laws/show/1124-2019-%D0%BF#Text>

<sup>3</sup> Law of Ukraine "On Amendments to Certain Legislative Acts of Ukraine on Improving the Provision of Medical Care", No. 2347-IX of 1 July 2022. Legislation of Ukraine database. Retrieved 21 August 2025 from <https://zakon.rada.gov.ua/laws/show/2347-20#Text>

<sup>4</sup> Ministry of Health of Ukraine. (n.d.). Network of Capable Healthcare Facilities. Retrieved 28 July 2025 from <https://moz.gov.ua/uk/uryad-shvaliv-rishennya-shodo-vprovadzhennya-reabilitacijnoyi-monoposlugi>

# Approaches and Methods for Studying the Rehabilitation Ecosystem



Is a comprehensive, multi-level service designed to restore functional capacity following injury, disease, or congenital conditions<sup>5</sup>.

## Rehabilitation



## Community-based rehabilitation (CBR)

Refers to services provided in close proximity to the patient's residence (at the primary healthcare level or within outpatient departments), involving local resources, rehabilitation professionals, social support, and other related services (inclusive education, social services, employment support, housing adaptation, etc.). Its goal is to provide equal opportunities and social inclusion by involving persons with disabilities in community development processes, thus enabling the realization of the UN Convention on the Rights of Persons with Disabilities.



## Rehabilitation ecosystem

A model of interaction between health and related (social, educational, etc.) services that ensure patient-oriented and uninterrupted access to rehabilitation support at all stages – from the acute phase to the return to active life.

<sup>5</sup> World Health Organization. (2018). Rehabilitation in health systems: guide for action. World Health Organization. Retrieved 17 June 2025 from <https://www.who.int/publications/i/item/rehabilitation-in-health-systems-guide-for-action>

To analyze the potential for developing the rehabilitation ecosystem in the Chernihiv and Kyiv regions, the following approach was applied:



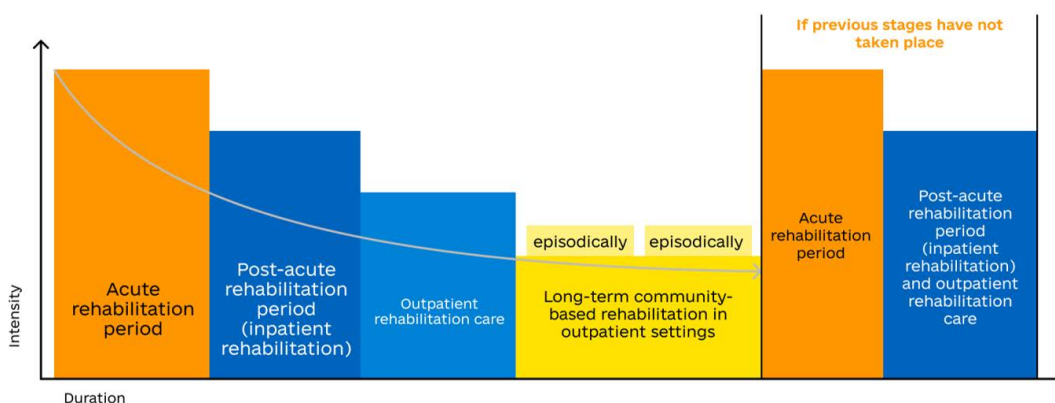
The rehabilitation ecosystem should be built in accordance with the **WHO Pyramid of Rehabilitation Services<sup>6</sup>**, which makes it possible to organize the rehabilitation pathway for patients so that each group of patients starts it appropriately – taking into account all their needs.

## There are three main groups of patients:

### Group I

Patients with trauma or acute conditions who begin their rehabilitation pathway with inpatient medical care and require high-intensity rehabilitation in inpatient settings. This group includes individuals with amputations, myocardial infarction, stroke, burns, multiple trauma, spinal cord injuries, and traumatic brain injuries. Only after completing rehabilitation in inpatient healthcare facilities may they require continuation of the rehabilitation process at the community level (Annex 1). These patients have urgent rehabilitation needs (Fig. 1A).

Acute health condition, acute injury, **intensity decreases**



**Fig. 1A.** Rehabilitation Pathway for Adults and Children with Urgent Rehabilitation Needs (Group I)<sup>7</sup>

<sup>6</sup> World Health Organization. (2018). Rehabilitation in health systems: guide for action. World Health Organization.

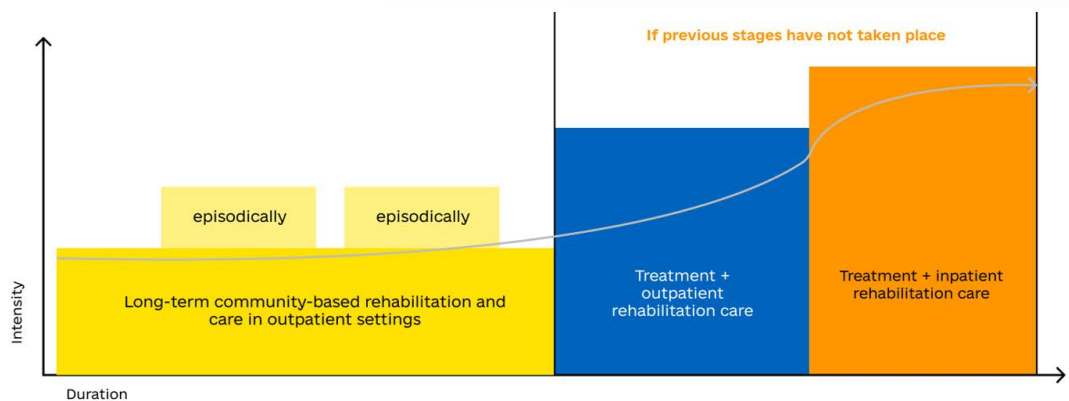
Retrieved 17 June 2025 from <https://www.who.int/publications/i/item/rehabilitation-in-health-systems-guide-for-action>

<sup>7</sup> Based on the stages of rehabilitation care according to health condition or injury by Gutenbrunner, C., & Nugraha, B. (2019). Rehabilitation: rehabilitation as a health strategy. Journal of the International Society of Physical and Rehabilitation Medicine, 2(Suppl 1), S15 – S18. [https://journals.lww.com/jisprm/fulltext/2019/02001/2\\_1\\_rehabilitation\\_rehabilitation\\_as\\_a\\_health.7.aspx](https://journals.lww.com/jisprm/fulltext/2019/02001/2_1_rehabilitation_rehabilitation_as_a_health.7.aspx)

**Group II**

Patients with chronic conditions who do not require rehabilitation in inpatient settings but need to start rehabilitation in outpatient settings at the community level. This group includes patients with diagnoses such as nerve disorders, arterial hypertension, diseases of the nervous system (including cerebral palsy), mild injuries, musculoskeletal disorders, and neoplasms. These patients have non-urgent rehabilitation needs, should begin their rehabilitation in the community, and ideally receive the full range of services there (Fig. 1B).

Chronic health condition, disability, **intensity of the disease/condition is stable or tends to increase**

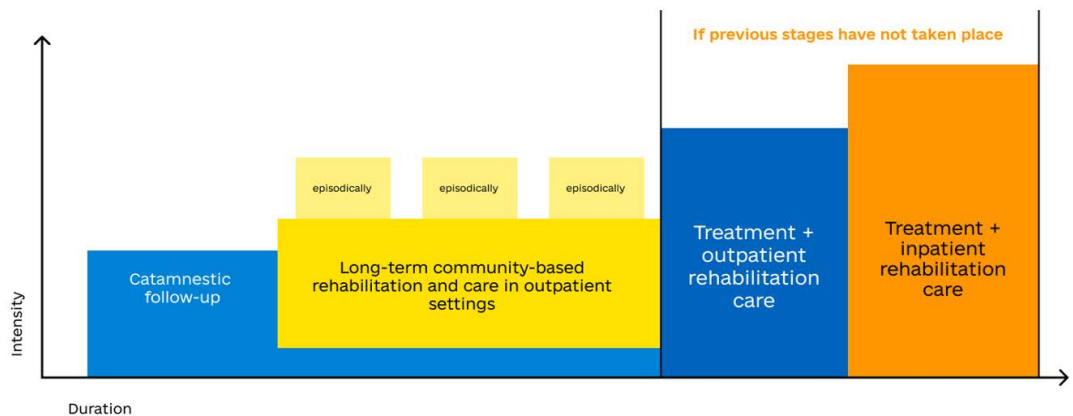


**Fig. 1B.** Rehabilitation Pathway for Adults and Children with Non-Urgent Rehabilitation Needs (Group II)

**Group III**

When analyzing children, an additional Group III is included – children with inborn conditions that may lead to disability. They may have urgent rehabilitation needs in the early years of life – starting with intensive therapy and inpatient rehabilitation, and then continuing rehabilitation at the community level (Fig. 1B).

Chronic health condition, disability, **intensity of the disease/condition is stable or tends to increase**



**Fig. 1B.** Rehabilitation Pathway for Adults and Children with Inborn Conditions that May Lead to Disability (Group III)



The development of capacities in each of the three regions should occur from the specialized level down to the community level as a crucial condition to ensure the required **continuity of the rehabilitation care pathway** (Fig. 2).



**Fig. 2.** Pyramid of Rehabilitation Services and Levels of Their Provision





To assess community capacity, the analysis of community-based rehabilitation components was conducted in accordance with **the matrix** (Fig. 3)<sup>8</sup>

Health	Education	Livelihood	Social	Empo- werment
Promotion	Early childhood	Skills development	Personnel assistance	Advocacy and communi- cation
Prevention	Primary	Self- employment	Relationships, marriage and family	Community mobilization
Medical care	Secondary and higher	Wage employment	Culture and arts	Political participation
Rehabilitation	Non-formal	Financial support	Recreation, leisure and sports	Self-help groups
Assistive devices	Lifelong learning	Social protection	Justice	Disabled people's organization

**Fig. 3.** Components of the Community-Based Rehabilitation Matrix

<sup>8</sup> World Health Organization. (2010). Introductory Booklet. Community Based Rehabilitation CBR Guidelines. Switzerland: WHO press. Retrieved 17 June 2025 from [http://whqlibdoc.who.int/publications/2010/9789241548052\\_introductory\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241548052_introductory_eng.pdf)



**Accordingly, the study examined rehabilitation services at the following levels:**

**1.**

### **Regional level**

Includes rehabilitation care provided in multiprofile healthcare facilities at the supra-cluster and cluster levels. These facilities deliver highly specialized care, particularly in inpatient settings, at the stages of acute and post-acute rehabilitation.

**2.**

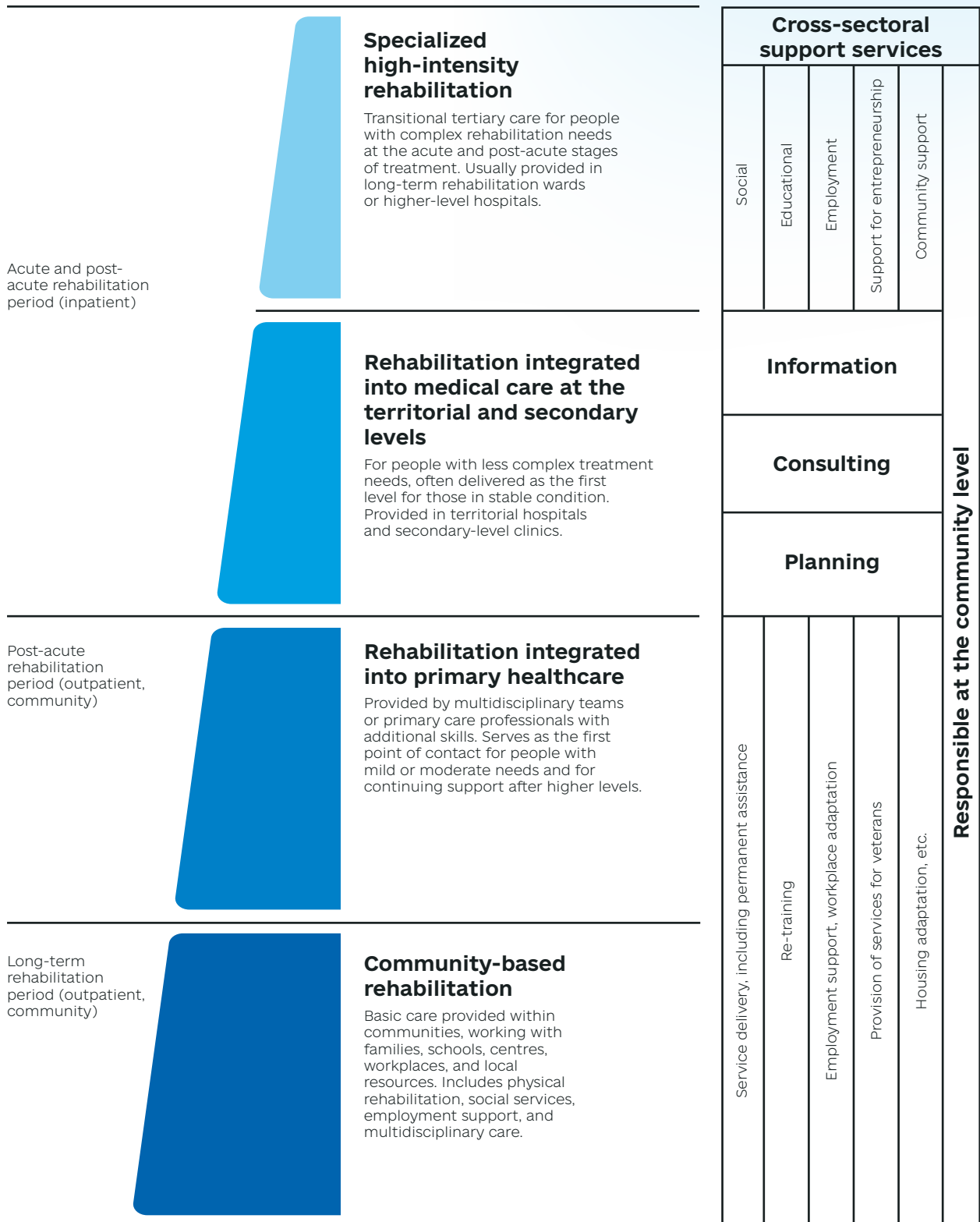
### **Community level (through the mechanism of outpatient rehabilitation)**

Includes rehabilitation care received by patients in outpatient settings as close as possible to their place of residence, including, in some cases, upon referral from a family physician. Rehabilitation services at this level may be either multidisciplinary or monodisciplinary, involving only one rehabilitation professional if this meets the patient's needs.

**3.**

### **Intersectoral collaboration**

Includes related services for children and adults that are provided outside the health-care system but correspond to other essential components of the rehabilitation matrix and have a significant impact on the effectiveness of the rehabilitation pathway (for example, social, educational, prosthetic-orthotic services, support for inclusive education, etc.). This level requires close cooperation among the health-care, education, social-protection, employment sectors and local self-government bodies at both the regional and community levels (Fig. 4).



**Fig. 4.** Intersectoral Interaction in the Rehabilitation Ecosystem

## Study

### Geography:

Chernihiv Region, including the following communities: Koryukivka UTC, the city of Chernihiv;

Kyiv Region, including the following communities: Boyarka UTC and Bila Tserkva UTC;

City of Kyiv.



Based on the information collected, service mapping was carried out in Chernihiv Region (Fig. 5), Kyiv Region (Fig. 6), and Kyiv City (Fig. 7).

### Study Methods:

**Analysis of Statistical Data** on the provision of rehabilitation and related services.

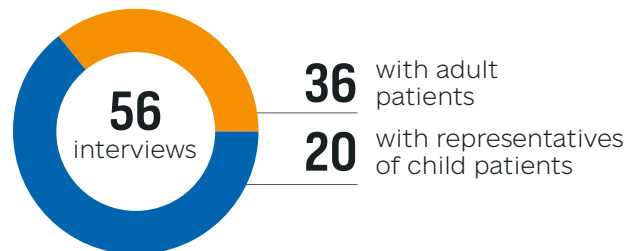
To form the profile of the region and community and to characterize the existing rehabilitation network and services, information was collected at different levels:

- data from open sources;
- the E-Zdorovya – Electronic Health System;
- requests to relevant authorities, responses from responsible officials to questionnaire items;
- etc.



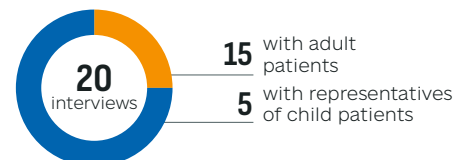
**Study of Patient Experience** in rehabilitation among selected service providers with the largest patient coverage through interviews.

Total interviews conducted:

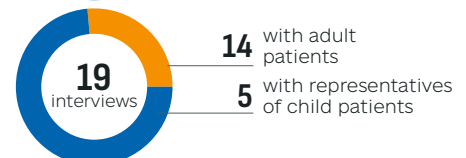


Specifically:

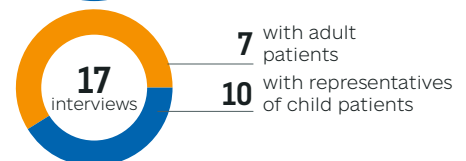
Chernihiv Region



Kyiv Region

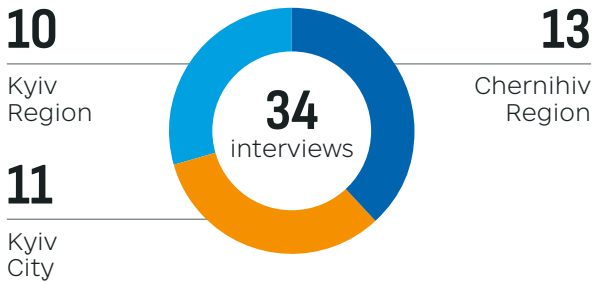


Kyiv City



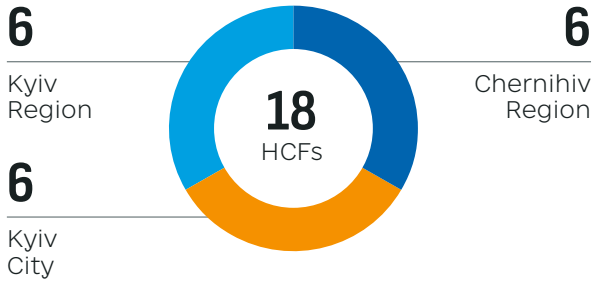
**Study of Rehabilitation Professionals' Experience** among selected service providers with the largest patient coverage through interviews.

A total of 34 interviews were conducted with rehabilitation professionals from 18 HCFs (Healthcare Facilities) of municipal ownership, specifically:



**Analysis of Selected Service Providers' Performance** in rehabilitation regarding accessibility and safety.

The sample included 18 selected HCFs:

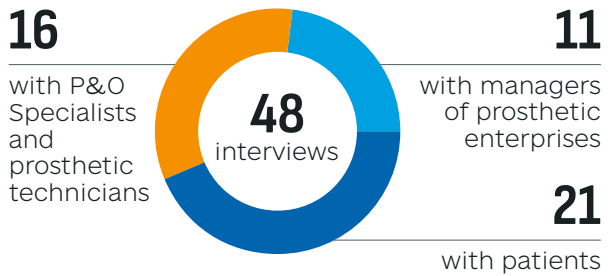


The selection of HCFs was based on the following criteria:

- **HCFs with the highest patient load for providing medical care** under the PMG during acute conditions;
- **HCFs where rehabilitation needs to be integrated within the first three days of medical care** – for example, for surgical care, stroke care, myocardial infarction, acute trauma, and care of newborns; Number of contracts signed under the PMG, number of staff, and the volume of funds received from the NHSU; Distance from the regional center (for HCFs in the Kyiv and Chernihiv regions); Availability of rehabilitation services.

**Analysis of Prosthetic Enterprises' Performance.**

**22** prosthetic enterprises covered by the study

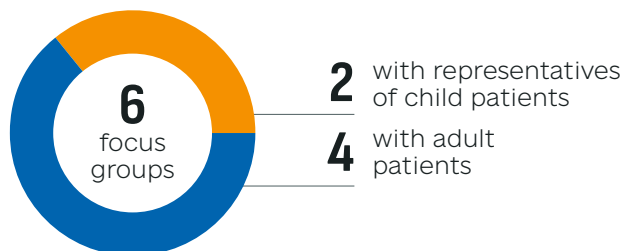


- Chernihiv Region – 5 enterprises, 2 interviews conducted with patients;
- Kyiv Region – no prosthetic-orthotic enterprises;
- Kyiv City – 17 enterprises, 19 interviews conducted with patients, 16 with P&O Specialists and prosthetic technicians, and 11 with managers of prosthetic enterprises.

**Focus Group Study on Intersectoral Interaction at the Community Level.**



Total interviews conducted:



Specifically:

- Kyiv Region – 3 focus groups: one with child patients and one with adult patients in the Boyarka UTC, and one with adult patients in the Bila Tserkva UTC;
- Chernihiv Region – 3 focus groups: one with child patients and one with adult patients in the Chernihiv Urban Community, and one with adult patients in the Koryukivka UTC.

## Characteristics of Chernihiv Region as an Administrative-Territorial Unit

### Chernihiv Region

Name of the Administrative-Territorial Unit

### Chernihiv City

Name of the Regional Center

**57**

United Territorial Communities (UTCs)

**16**

Cities

**1433**

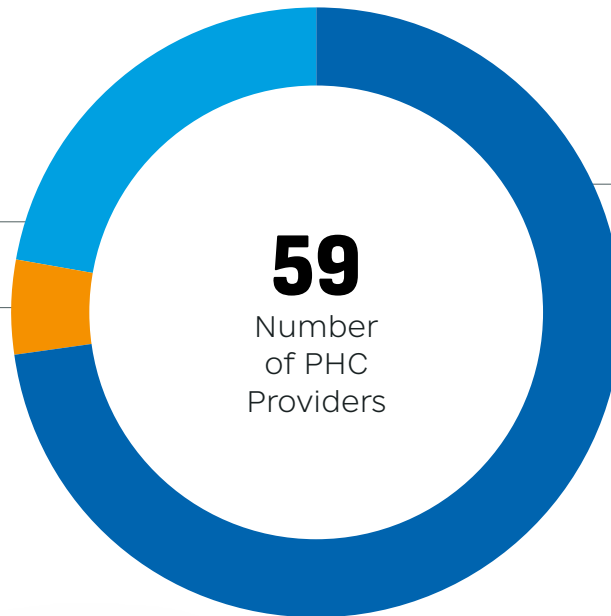
Villages

**13**

Individual entrepreneur (IE)

**3**

Private ownership



**43**

Municipal ownership

State ownership – 0.

### Provision of PHC Services:

**151**

PHC service delivery sites

**812 291**

patients with signed PHC declarations

**590**

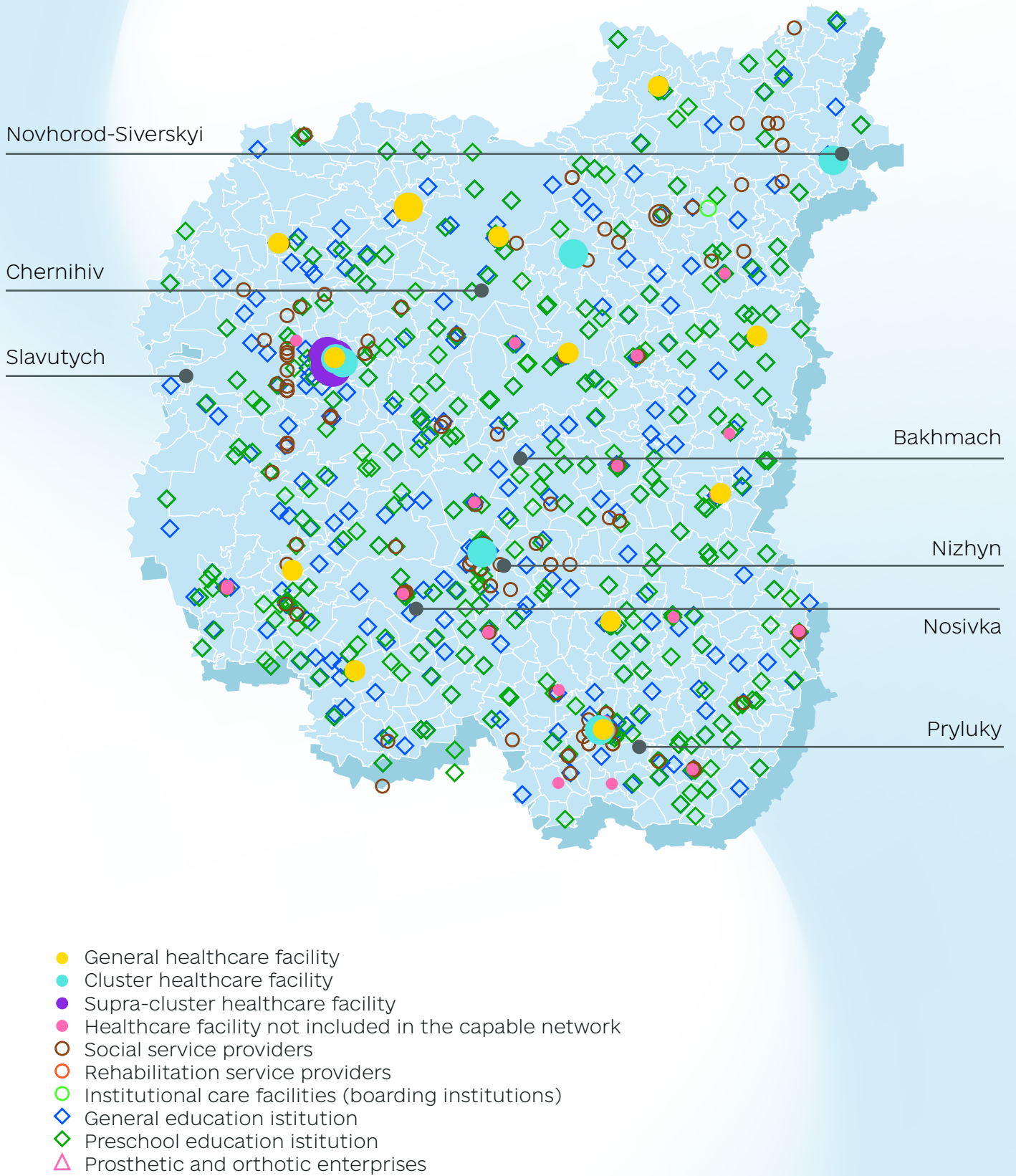
PHC doctors

**6**

Providers of services under the "Psychosocial and psychiatric care for adults and children" healthcare package for mental health centers and mobile multidisciplinary teams



# Chernihiv oblast



**Fig. 5.** Map of Service Providers in Chernihiv Region

## Characteristics of Kyiv Region as an Administrative-Territorial Unit

### Kyiv Region

Name of the Administrative-Territorial Unit

### Kyiv City

Name of the Regional Center

**69**

United Territorial Communities (UTCs)

**26**

Cities

**1 124**

Villages

**1**

State ownership

**65**

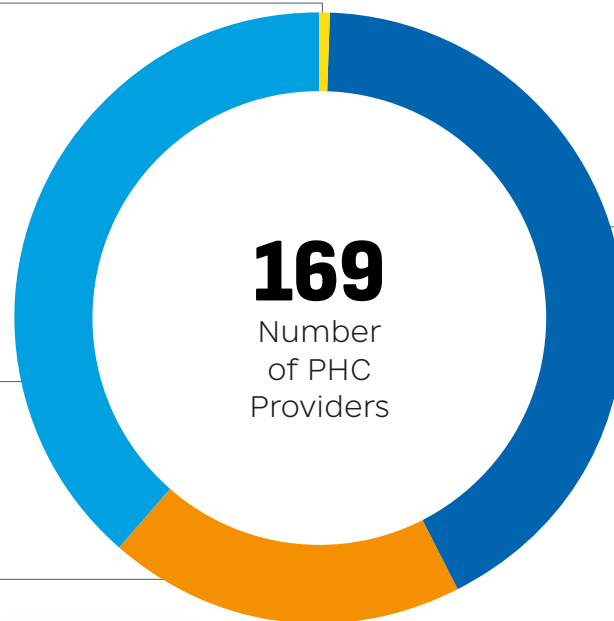
Individual entrepreneur (IE)

**32**

Private ownership

**71**

Municipal ownership



### Provision of PHC Services:

**477**

PHC service delivery sites

**1 836 693**

patients with signed PHC declarations

**1 491**

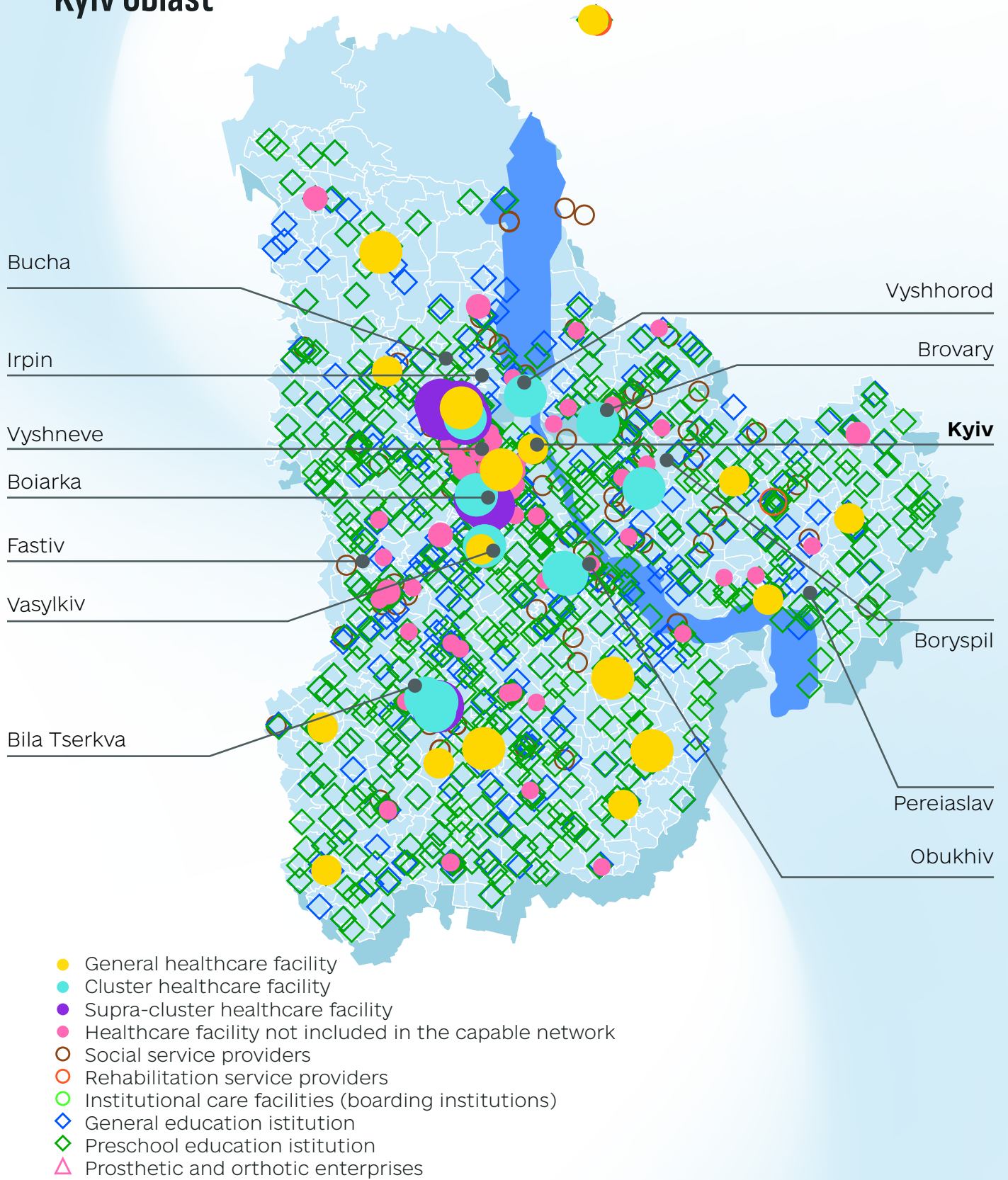
PHC doctors

**4**

Providers of services under the "Psychosocial and psychiatric care for adults and children" healthcare package for mental health centers and mobile multidisciplinary teams



# Kyiv oblast



**Fig. 6.** Map of Service Providers in Kyiv Region

## Characteristics of Kyiv City as an Administrative-Territorial Unit

**47**

Individual entrepreneur (SP)

**41**

Municipal ownership

**161**

Number of PHC Providers

**69**

Private ownership

State ownership – 0.

### Provision of PHC Services:

**400**

PHC service delivery sites

**2 466 246**

patients with signed PHC declarations

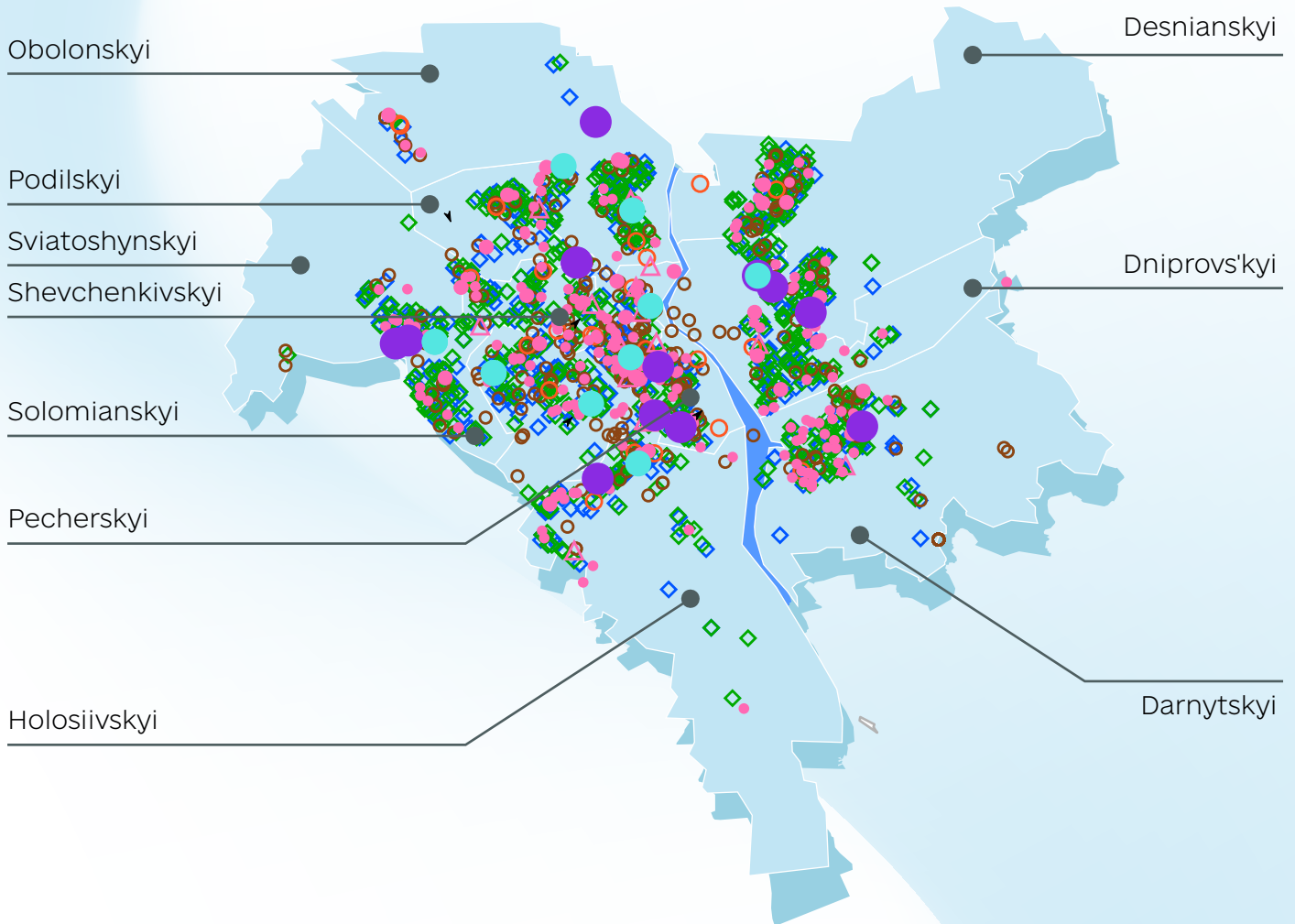
**2 042**

PHC doctors

**11**

Providers of services under the "Psychosocial and psychiatric care for adults and children" healthcare package for mental health centers and mobile multidisciplinary teams

# Kyiv



- General healthcare facility
- Cluster healthcare facility
- Supra-cluster healthcare facility
- Healthcare facility not included in the capable network
- Social service providers
- Rehabilitation service providers
- Institutional care facilities (boarding institutions)
- ◇ General education institution
- ◇ Preschool education institution
- △ Prosthetic and orthotic enterprises

**Fig. 7.** Map of Service Providers in Kyiv City

# Key findings



# **1. Rehabilitation Ecosystem: Regional Level**

- 1.1. Healthcare and Provision of Rehabilitation Services
- 1.2. Provision of Prosthetic and Orthotic Services
- 1.3. Services Complementary to Rehabilitation

# **2. Rehabilitation Ecosystem at the Community Level**

## 1. Rehabilitation Ecosystem: Regional Level

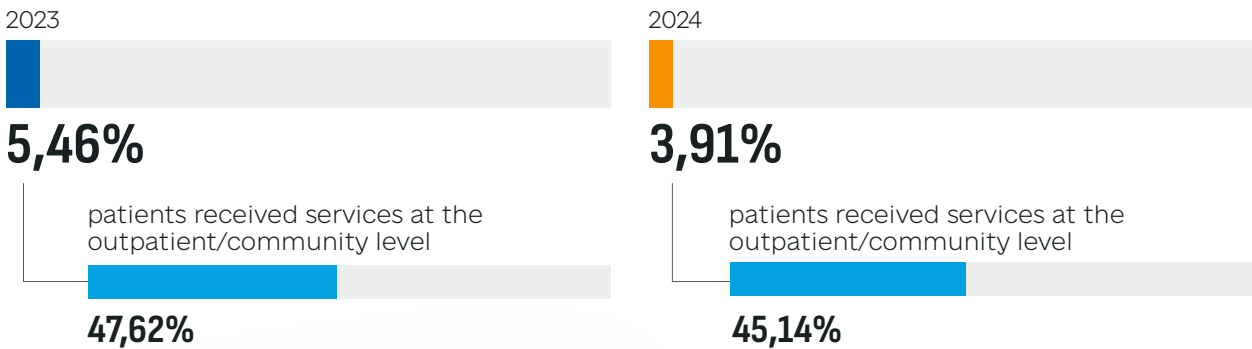
# 1.1. Healthcare and Provision of Rehabilitation Services

Patient coverage for rehabilitation services remains insufficient across both regions at both the inpatient and outpatient levels. While Chernihiv Region performs slightly better than Kyiv Region in most metrics, overall service provision remains low. Conversely, Kyiv Region demonstrates higher performance in providing outpatient and community-level rehabilitation services compared to Chernihiv.

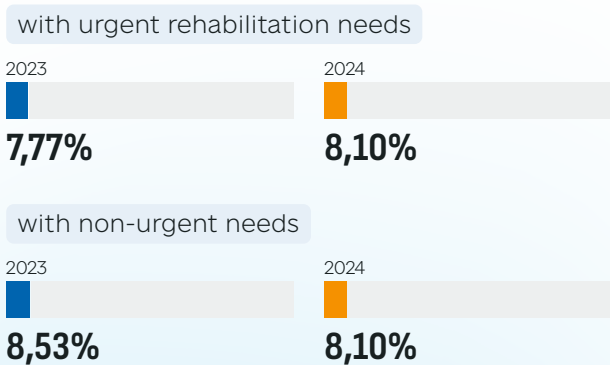
### Statistical Summary: Rehabilitation Coverage (2023 – 2024)

## Chernihiv Region:

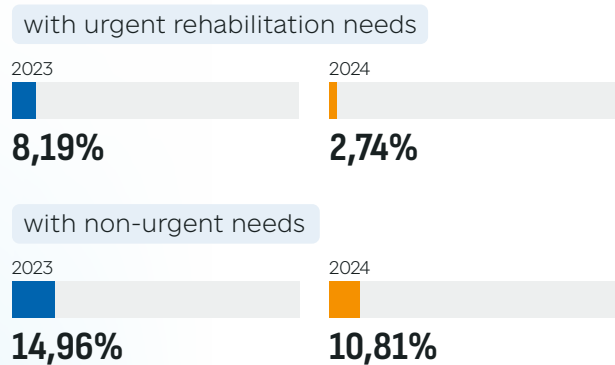
#### Percentage of patients in need who received rehabilitation services:



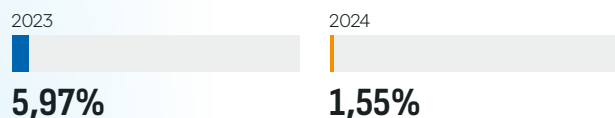
#### Percentage of adults patients:

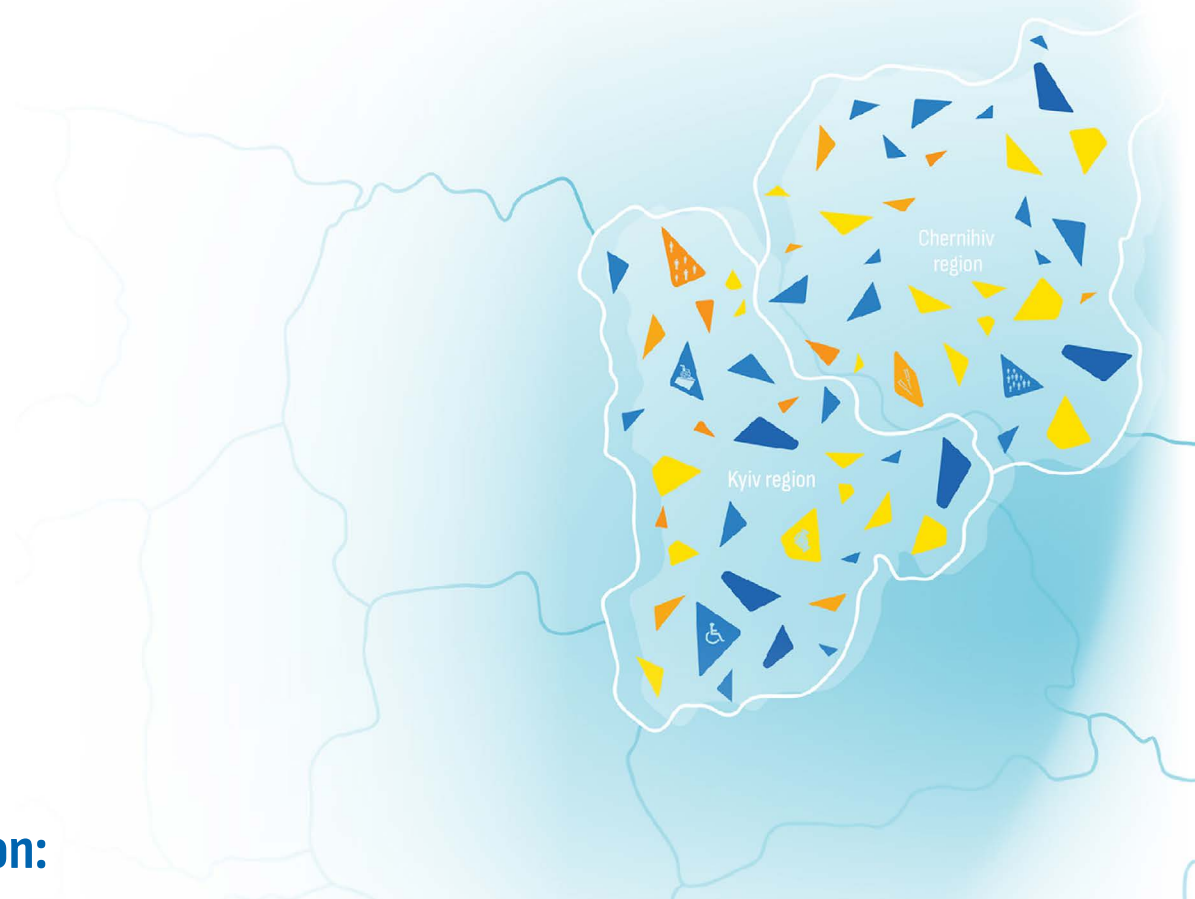


#### Percentage of children:



Coverage of the rehabilitation needs of children with diagnoses that may lead to disability

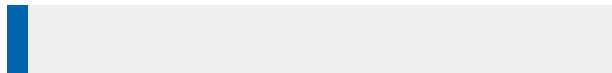




## Kyiv Region:

### Percentage of patients in need who received rehabilitation services:

2023



**3,46%**

patients received services at the outpatient/community level

**60,94%**

2024



**2,67%**

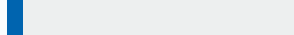
patients received services at the outpatient/community level

**60,30%**

### Percentage of adults patients:

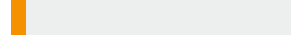
with urgent rehabilitation needs

2023



**5,42%**

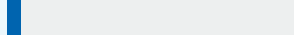
2024



**5,13%**

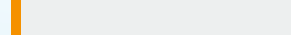
with non-urgent needs

2023



**4,95%**

2024

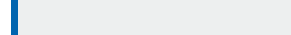


**3,41%**

### Percentage of children:

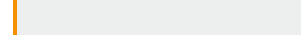
with urgent rehabilitation needs

2023



**2,47%**

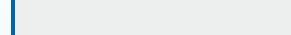
2024



**1,22%**

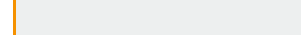
with non-urgent needs

2023



**1,36%**

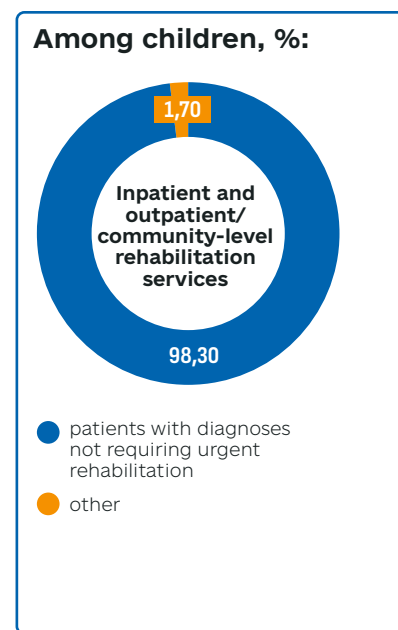
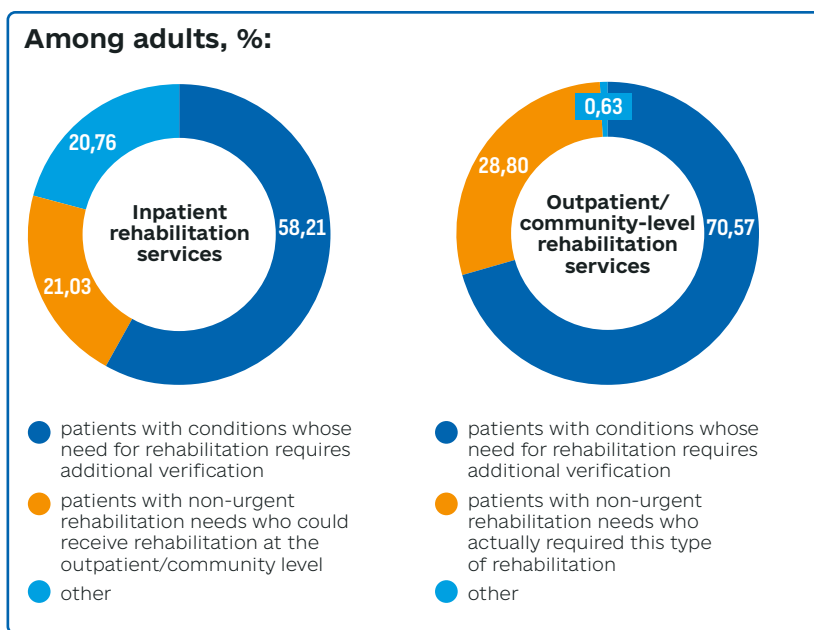
2024



**0,89%**

Referral and patient pathways in both regions do not always meet patients' needs, and their inefficiency may place additional pressure on the rehabilitation system. In particular, there is a significant predominance of inpatient rehabilitation departments occupied by patients who, given their functional status, could undergo rehabilitation at the outpatient/community level. At the same time, Kyiv Region shows slightly better patient referral and pathway indicators compared to Chernihiv Region.

## Chernihiv Region:



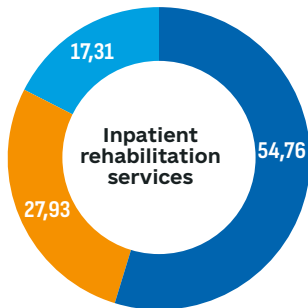
Among adults receiving **inpatient rehabilitation services**, the majority are patients with conditions whose need for rehabilitation requires additional verification (58.21% in 2024), while patients with non-urgent rehabilitation needs who could receive rehabilitation at the outpatient/community level accounted for 21.03% in 2024.

Among adults receiving **outpatient/community-level rehabilitation services**, the majority are patients with conditions whose need for rehabilitation requires additional verification (70.57% in 2024), while patients with non-urgent rehabilitation needs who actually required this type of rehabilitation accounted for 28.80% in 2024.

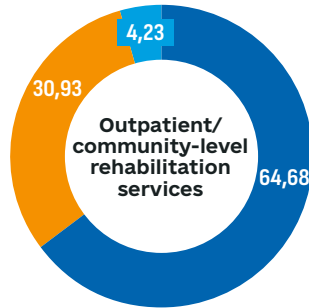
Among children **receiving inpatient and outpatient/community-level rehabilitation services**, the majority are patients with diagnoses not requiring urgent rehabilitation (98.30% in 2024), while their rehabilitation needs overall should be further verified.

## Kyiv Region:

### Among adults, %:

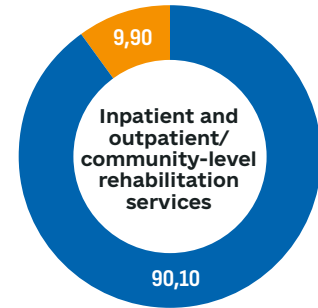


- patients with urgent rehabilitation needs
- patients with other diagnoses



- patients with conditions whose need for rehabilitation requires additional verification
- patients with non-urgent rehabilitation needs who actually required this type of rehabilitation
- other

### Among children, %:



- patients with diagnoses not requiring urgent rehabilitation
- other

Among adults receiving **inpatient rehabilitation services**, the majority are patients with urgent rehabilitation needs (54.76% in 2024) and patients with other diagnoses (27.93% in 2024).

Among adults receiving **outpatient/community-level rehabilitation services**, the majority are patients with conditions whose need for rehabilitation requires additional verification (64.68% in 2024), while patients with non-urgent rehabilitation needs who actually required this type of rehabilitation accounted for 30.93% in 2024.

Among children receiving **inpatient and outpatient/community-level rehabilitation services**, the majority are patients with diagnoses not requiring urgent rehabilitation (90.1% in 2024), while their rehabilitation needs overall should be further verified.

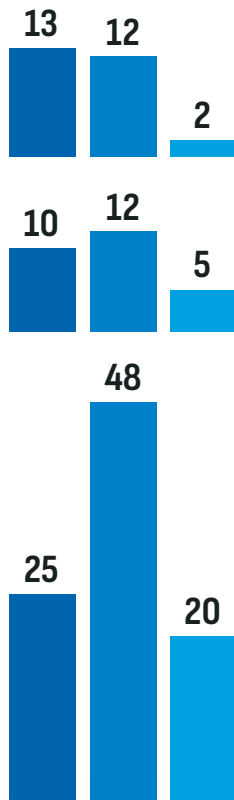


**This may be explained by several factors:**

**Incorrect referrals for rehabilitation services** from the primary care physician/ family doctor;

**Untimely initiation of the rehabilitation process** for patients with urgent rehabilitation needs.

**The network of inpatient rehabilitation service providers in both regions is more developed than the outpatient one.**



**In Chernihiv Region** – 13 inpatient rehabilitation service providers (53 package) and 12 outpatient rehabilitation service providers (54 package), as well as 2 rehabilitation service providers for children under three years of age (25 package).

**In Kyiv Region** – 10 inpatient rehabilitation service providers (53 package), 12 outpatient rehabilitation service providers (54 package), and 5 rehabilitation service providers for children under three years of age (25 package).

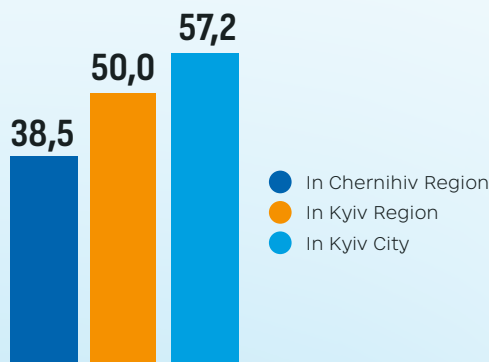
**In Kyiv City**, the situation with the rehabilitation network differs significantly from the regions – there are 25 inpatient rehabilitation service providers (53 package), 48 outpatient rehabilitation service providers (54 package), and 20 rehabilitation service providers for children under three years of age (25 package).

**This significant presence of 12 private service providers** suggests that involvement of the private sector is one of the opportunities for strengthening the development of outpatient/community-level rehabilitation services.

- Inpatient rehabilitation service providers (53 package)
- Outpatient rehabilitation service providers (54 package)
- Rehabilitation service providers for children under three years of age (25 package)

**Inpatient rehabilitation facilities often perform functions not intrinsic to them – they serve as outpatient rehabilitation units for patients capable of self-care, or as care facilities for patients with no other place to be discharged to.**

Percentage of surveyed inpatient patients who did not require assistance with hygiene procedures, %



Patients capable of self-care often choose inpatient care due to the absence of outpatient/community-level rehabilitation services nearby and the need for transportation; they do not require external assistance during basic hygiene procedures.

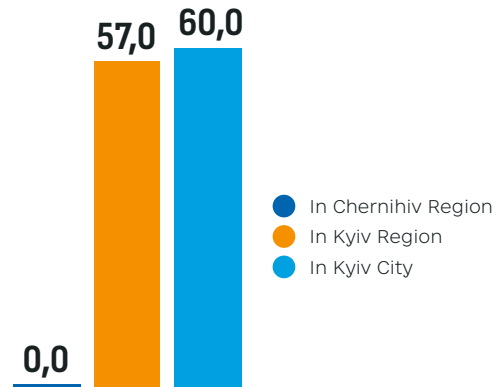
This group accounted for 38.5% of surveyed inpatients in Chernihiv Region and 50% in Kyiv Region.

The main reasons cited by these patients were the need for continuous medical supervision and the considerable distance from their homes, making regular visits to outpatient/community-level rehabilitation centers inconvenient.

**The rehabilitation process often starts too late, which may result in low coverage by rehabilitation services, incorrect patient referral and pathways, and an increased risk of disability progression.**

None of the surveyed patients who were treated in intensive care units in healthcare facilities of the Chernihiv region reported that their rehabilitation started during the acute rehabilitation phase. Among patients who were treated in intensive care units in the Kyiv region and the city of Kyiv, more than half of the respondents – 57% and 60% respectively – received rehabilitation during the acute rehabilitation phase.

Percentage of patients who started rehabilitation during the acute rehabilitation phase, %



**Patients' awareness of the possibility of receiving rehabilitation services and their involvement in the process is insufficient in both regions.**

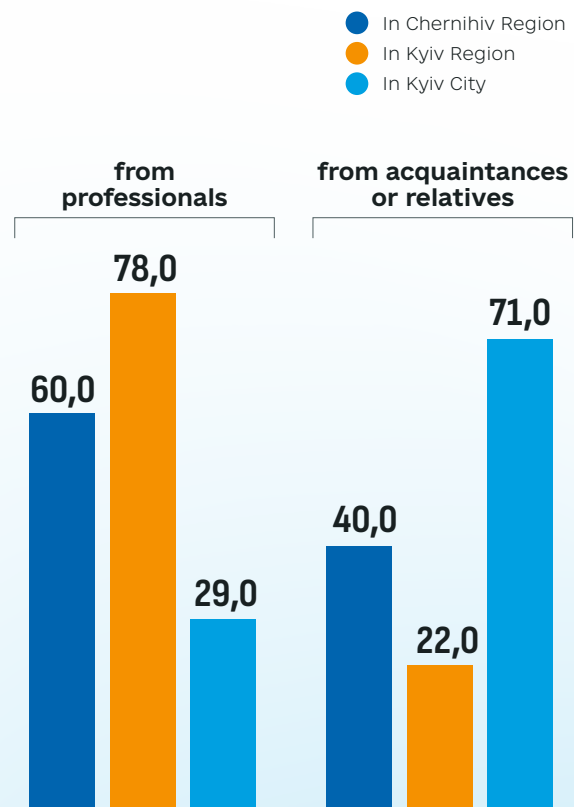
A significant proportion of patients seek rehabilitation services on their own.

- In Chernihiv Region, 60% of surveyed patients learned about rehabilitation from professionals, while 40% – from acquaintances or relatives.
- In Kyiv Region, these figures were 78% and 22%, respectively.
- In Kyiv City, 29% and 71%, respectively.

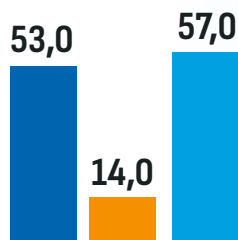
One-third of surveyed patients in both Kyiv Region and Chernihiv Region sought opportunities for rehabilitation services independently, while two-thirds received referrals for rehabilitation services from their primary care physician / family doctor.

In Kyiv City, the trend is opposite: two-thirds of patients sought rehabilitation services independently, and one-third received referrals from their primary care physician / family doctor.

Percentage of patients who learned about rehabilitation, %



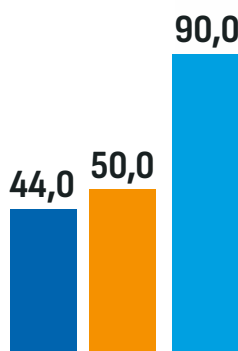
Percentage of patients who consider massage, passive procedures, and device-based methods part of rehabilitation, %



### Patients often consider some practices of the rehabilitation process to be inappropriate in both regions.

- In the Chernihiv region, 53% of surveyed patients consider massage, passive procedures, and device-based therapies to be part of rehabilitation; in the Kyiv region – 14%, and in the city of Kyiv – 57%.
- In Kyiv, patients also believe that the concept of rehabilitation may include, in addition to physical exercises, massage, passive procedures, and device-based therapies.

Percentage of patients who purchased these at their own expense or received them from charitable organizations, %

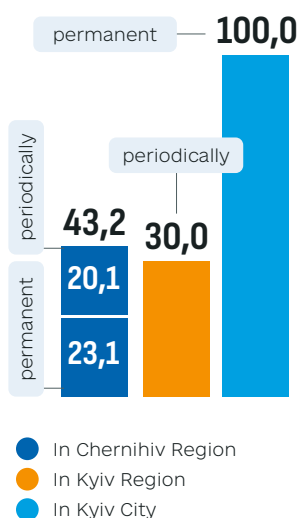


### Accessibility of assistive devices for rehabilitation is quite low in both regions, especially in Kyiv City.

- In Chernihiv Region, 44% of surveyed patients either purchased assistive devices themselves or received them from charities.
- In Kyiv Region, this figure was 50%, and in Kyiv City – 90%.

Provision of AD (Assistive Devices) in HCFs (Healthcare Facilities) remains a systemic problem due to insufficient regulation at the policy level. Legislation provides for the availability of assistive devices in rehabilitation departments for temporary use, but does not include a financial mechanism for their purchase. Therefore, HCFs often turn to charities and international organizations for such support.

Percentage of specialists who receive bonuses, allowances, or incentives from local authorities, %

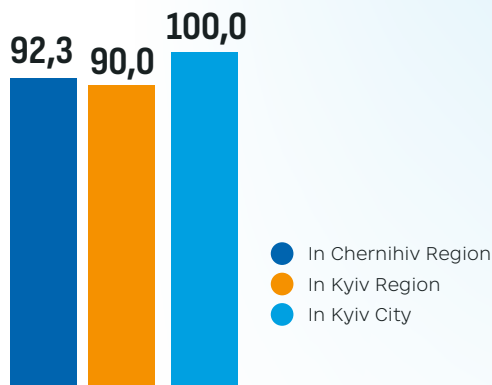


### Staffing of rehabilitation services is insufficient in both regions, while rehabilitation professionals are willing to learn and develop.

Specialists in each of the surveyed HCFs report being overburdened due to staff shortages and the generally low level of wages. It is also worth noting the lack of specialists to provide rehabilitation during the acute rehabilitation period (the NHSU requires such specialists in the form of packages under the PMG), which often leads to complications in patients (bedsores, hypostatic pneumonia, etc.), prolongs the treatment process and delays the identification of patients' rehabilitation needs, thereby reducing referrals for rehabilitation.

At the same time, there is evidence of mechanisms to motivate staff: in Chernihiv Region, 23.1% of surveyed specialists receive permanent bonuses, allowances or incentives provided by local authorities, and another 20.1% receive bonuses or incentives periodically. In Kyiv City, 100% of surveyed specialists receive permanent bonuses from

Percentage of specialists who participate in educational events at their own expense, %



local authorities. In Kyiv Region, none of the surveyed specialists reported receiving permanent bonuses, and 30% noted that they receive bonuses periodically.

92.3% of surveyed specialists in Chernihiv Region, 90% in Kyiv Region and 100% in Kyiv City reported participating in educational activities at their own expense or by independently seeking partnerships.

**Coverage of rehabilitation for children at risk of disability is very low due to the lack of follow-up observation and parental awareness.**

In the Chernihiv Region, coverage of children from birth to three years of age with inpatient rehabilitation services was 0.54% in 2024, outpatient rehabilitation services – 2.59% in 2024. In Kyiv Region – 0.64% and 0.89% respectively.


In the Chernihiv Region, 60% of surveyed parents reported receiving referrals for rehabilitation from specialists providing follow-up observation, while not understanding that this observation is part of rehabilitation. One parent of a child with an inborn condition said they did not even know who such a follow-up specialist was. In the Kyiv Region, none of the respondents reported referrals from follow-up specialists. In Kyiv City, 70% of respondents reported being monitored in a follow-up care office.

Coverage of children from birth to three years of age with inpatient rehabilitation services and outpatient rehabilitation services in 2024 respectively

**0,54% i 2,59%** In Chernihiv Region

**0,64% i 0,89%** In Kyiv Region

**60%** of surveyed parents reported receiving referrals for rehabilitation from specialists providing follow-up observation in the Chernihiv Region

In the Kyiv Region, none of the respondents reported referrals from follow-up specialists. 

**70%** of respondents reported being monitored in a follow-up care office in Kyiv City



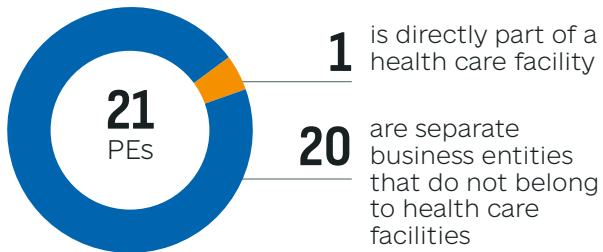
## 1. Rehabilitation Ecosystem: Regional Level

# 1.2. Provision of Prosthetic and Orthotic Services

The network of prosthetic and orthotic service providers in Chernihiv Region is significantly less developed than in Kyiv Region and Kyiv City. Prosthetic enterprises located in Kyiv Region and Kyiv City also serve patients from Chernihiv Region.

### Number of prosthetic and orthotic enterprises (PE):

#### In Kyiv Region and Kyiv City

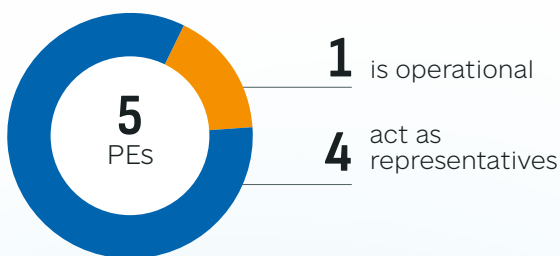


18 are privately owned

In Kyiv Region and Kyiv City, there are 21 prosthetic and orthotic enterprises, of which 18 are privately owned.

Twenty PEs are separate business entities that do not belong to health care facilities, and one PE, opened in September 2025, is directly part of a health care facility. Four out of ten enterprises reported that they have many patients from the Chernihiv Region and the city of Chernihiv.

#### In Chernihiv Region



Patients cannot get additional fittings or adjustments for prostheses promptly at their place of residence.

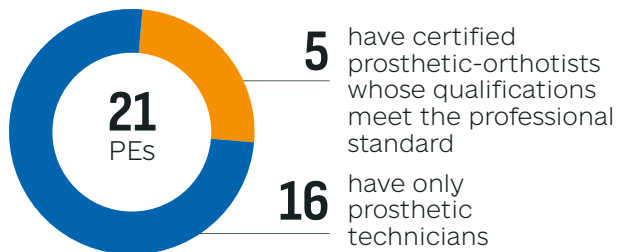
In Chernihiv Region, there are formally five prosthetic and orthotic enterprises, but only one is operational, has appropriate premises equipped for prosthetic and orthotic services, a training area for using prostheses, and manufactures prostheses and orthoses on site. One certified prosthetic-orthotist and one prosthetic technician work there. The other four enterprises act as representatives, receiving orders, conducting measurements and sending them for production mainly to Kyiv.

This means that patients cannot get additional fittings or adjustments for prostheses promptly at their place of residence. The proximity of Chernihiv to Kyiv is the reason why most enterprises do not organize their own production in Chernihiv.

Staffing in prosthetic services is one of the main challenges in the sector (lack of specialists and their qualifications), but the available specialists are mostly working on developing their expertise in prosthetics.

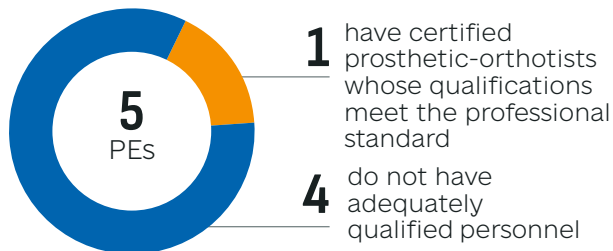
### Number of specialists in registered prosthetic and orthotic enterprises:

#### In Kyiv Region and Kyiv City



The shortage of specialists is one of the main barriers to providing prosthetic and orthotic services, especially prosthetic-orthotists and prosthetic technicians, particularly those capable of prophetizing upper limbs and high-level lower limb amputations. Only in 5 of the 21 registered prosthetic enterprises in Kyiv Region and Kyiv City there are 6 certified prosthetic-orthotists whose qualifications meet the professional standard of a "Prosthetic-Orthotist", and 2 masters' degree students training as prosthetic-orthotists. In the remaining enterprises, about 48 staff work as prosthetic technicians. This means that patients are mostly served by staff without the required level of education, qualifications, and experience.

#### In Chernihiv Region



Only in one PE in Chernihiv Region is there a certified prosthetic-orthotist whose qualification meets the professional standard of a "Prosthetic-Orthotist". Other enterprises do not have adequately qualified personnel to manufacture prostheses and orthoses directly at their location in Chernihiv Region.

11 managers of PEs reported that their prosthetic-orthotists regularly attend training and professional development courses once every one to three months.

Patients are mostly served by staff without the required level of education, qualifications, and experience

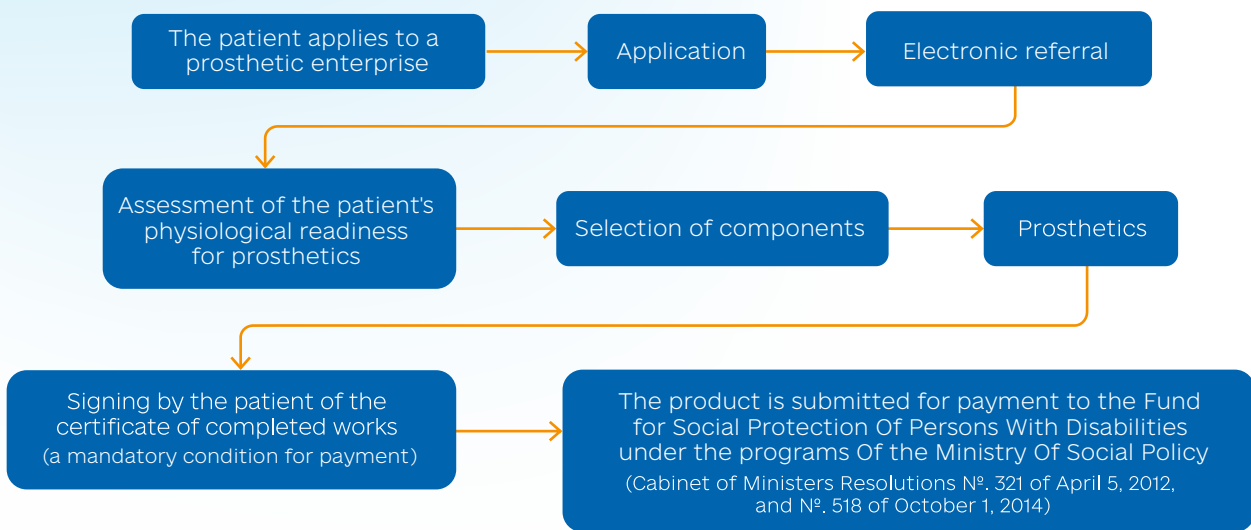


### Free choice of prosthetic enterprise and guaranteed product servicing is largely ensured in both regions according to current Ukrainian legislation.

Interviews with patients revealed a lack of awareness regarding prosthetic services, in particular:

- their rights and the possibility of prosthetic provision under the state program;
- their right to apply to the Social Protection Fund in case of poor prosthetic quality (when the prosthesis is uncomfortable);
- the importance of recording the results of prosthetic fitting by patients for quality control (appearance of the prosthesis, socket fit, quality of components and accessories such as liners, knee joints, etc.).

### Patient pathway after amputation



**Fig. 8.** Patient pathway after amputation within the Ministry of Social Policy programs regulated by CMU Resolution No. 321 of 5 April 2012<sup>9</sup> and No. 518 of 1 October 2014<sup>10</sup>.

The only exception in this process is the Municipal PE opened on the basis of the Kyiv Municipal Clinical Hospital No. 12, which follows a slightly different algorithm: patients are offered prosthetics already at the stage when they are still in the surgical department, at the prosthetic enterprise that operates in the same hospital. Patients are not required to wait in the rehabilitation ward while the components are delivered, which reduces the length of hospital stay and allows the more efficient use of the rehabilitation department's resources.

### Prosthetics timelines

(from receiving the application to adjustment of the finished device)



**Fig. 9.** Prosthetics timelines

**!** All 100% of PEs provide guaranteed servicing of prosthetic devices.

<sup>9</sup> On Approval of the Procedure for Providing Assistive Devices for Rehabilitation (technical and other rehabilitation devices) to persons with disabilities, children with disabilities and other certain categories of the population, and for compensating the cost of such devices purchased independently, and their list: Resolution of the Cabinet of Ministers of Ukraine No. 321 of 5 April 2012. Legislation of Ukraine database. Retrieved 17 April 2025 from <https://zakon.rada.gov.ua/laws/show/321-2012-%D0%BF#Text>

<sup>10</sup> Certain Issues of Prosthetics and Orthotics with High-Functionality Products Manufactured Using Advanced Technologies Not Available in Ukraine, and/or Special Products for Sports for Certain Categories of Citizens Who Have Lost the Functional Capacity of a Limb or Limbs: Resolution of the Cabinet of Ministers of Ukraine No. 518 of 1 October 2014. Legislation of Ukraine database. Retrieved 17 April 2025 from <https://zakon.rada.gov.ua/laws/show/518-2014-%D0%BF#Text>

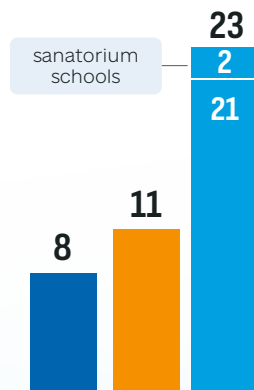
## 1. Rehabilitation Ecosystem: Regional Level

# 1.3. Services Complementary to Rehabilitation

### Education

**In Kyiv Region, Chernihiv Region and Kyiv City, inclusive education for children with special educational needs (SEN) is developing; however, interaction between Inclusive Resource Centers (IRC) and providers of rehabilitation services largely does not occur. Furthermore, in both regions, there remain forms of institutions with residential care and upbringing of children.**

Number of special secondary education institutions:



- In Chernihiv Region
- In Kyiv Region
- In Kyiv City

The lack of interaction between IRCs and providers of rehabilitation services may lead to the situation where children in inclusive education who need rehabilitation do not receive it. The reason is the absence of a defined mechanism of interaction at the national legislative level, as well as a lack of understanding of the importance of such interaction at the local level.

In Chernihiv Region, there remain 8 special secondary education institutions; in Kyiv Region – 11; in Kyiv City – 21 and 2 sanatorium schools, which are a form of social care in Ukraine.

This indicates a gap in supporting families with the necessary social support and services that would allow including a child in inclusive education and returning the child to live in the family, including rehabilitation.



A particularly limited service is social support for a child during inclusive education

**1/434** child assistant/child, in Chernihiv Region

**7/1 108** child assistant/child, in Kyiv Region

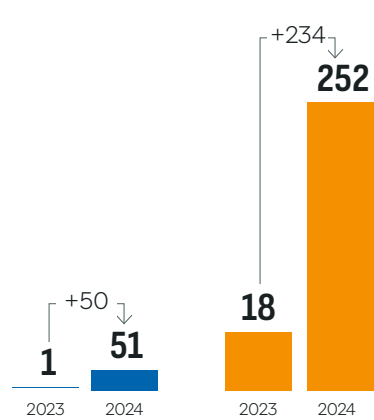
A particularly limited service is social support for a child during inclusive education: in Chernihiv Region, only 1 child assistant is involved for a total of 434 children with SEN; in Kyiv Region, 1,108 children with SEN are included in inclusive education, yet the social support service during inclusive education is provided by only 7 student assistants.

## Employment

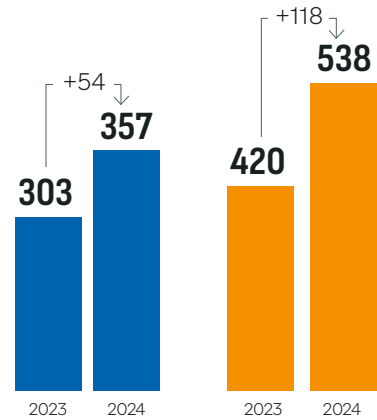
The demand for workplace adaptation for persons with disabilities is growing, but the employment of people with disabilities generally remains at a consistently low level.

- In Chernihiv Region
- In Kyiv Region

The number of compensated adapted workplaces for persons with disabilities :



The number of cases of employment of persons with disabilities:



In the Chernihiv Region, the number of compensated adapted workplaces for persons with disabilities increased from 1 in 2023 to 51 in 2024. In Kyiv Region – from 18 in 2023 to 252 in 2024.

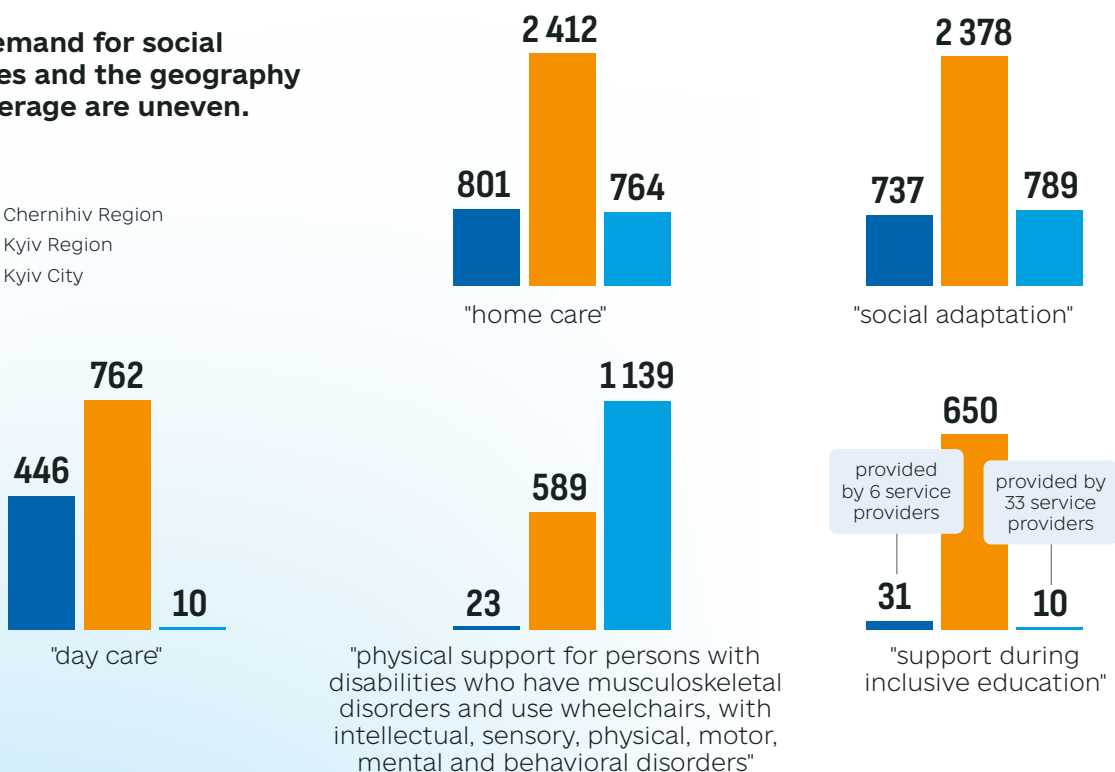
In the Chernihiv Region, the number of cases of employment of persons with disabilities was 303 in 2023 and 357 in 2024. Kyiv Region – 420 and 538, respectively. The social service "social support for employment in the workplace" is not very popular – despite the large number of service providers, the number of users is quite low: Chernihiv Region – 52 providers, 0 users; Kyiv Region – 48 providers, 65 users; Kyiv City – 70 providers, 14 users.

## Social Support

The demand for social services and the geography of coverage are uneven.

- In Chernihiv Region
- In Kyiv Region
- In Kyiv City

In the surveyed regions, 18 main types of social services are provided, the most popular being:



Among the social services with a low number of users are:

- "palliative care";
- "personal assistant";
- "respite care for parents or persons substituting them who provide care for a child with disabilities";
- "respite care for persons providing long-term care for persons with disabilities, for persons with chronic diseases, for bedridden patients";

- "support during inclusive education";
- "social support for employment in the workplace".

This situation may indicate both insufficient demand and lack of awareness among the population about the availability of such services.



## Expansion of Opportunities

### Involvement of local self-government bodies in the development of physical accessibility requires support.

Rehabilitation is a component of the Accessibility Strategy in Ukraine, which focuses on creating a barrier-free environment for all people by removing barriers in six key areas: physical, digital, informational, social (community), educational, and economic<sup>11</sup>. Kyiv Region, Chernihiv Region, and Kyiv City, as administrative-territorial units, are working on implementing the Strategy; however, only in Kyiv City is a responsible authority for this area clearly designated. Additionally, in Kyiv City and the town of Bucha in Kyiv Region, the first pilot barrier-free routes are being created for 15 communities from across Ukraine by 2025<sup>12</sup>.

### The strengths of introducing accessibility in HCFs in Chernihiv Region, Kyiv Region, and Kyiv City include work on accessibility

#### elements of entrance areas:

- installation of ramps with handrails;
- sufficient width of corridors and doors;
- absence of thresholds on main routes, spacious layout;
- as well as the availability of adjustable beds in wards;
- foldable handrails in sanitary facilities;
- and partial provision of visual and informational navigation.

**Most hospitals have seating areas, elements of contrast marking, and space for maneuvering.** In some facilities, the introduction of inclusive solutions is a positive aspect, such as:

- two-level handrails,
- adjustable shower heads,
- seating in showers,
- or information duplication in Braille.



### At the same time, the key problems concern:



insufficient development of external infrastructure: lack of tactile navigation, adapted parking spaces for persons with disabilities, clear separation of pedestrian and transport flows;

<sup>11</sup> National Strategy for Creating a Barrier-Free Environment in Ukraine for the Period up to 2030: Resolution of the Cabinet of Ministers of Ukraine No. 166 of 14 April 2021. Retrieved from <https://zakon.rada.gov.ua/laws/show/366-2021-%D1%80#Text>

<sup>12</sup> Barrier-Free Movement: 15 communities will have renovated streets by the end of 2025: Ministry for Communities and Territories Development of Ukraine. Retrieved from <https://mindev.gov.ua/news/rukh-bez-barieriv-15-hromad-otrymaut-do-kintsia-2025-roku-onovleni-vulytsi>

- shortcomings in internal premises: inappropriate slopes of ramps and stairs, single-level or short handrails, use of inconvenient fittings, absence of emergency call systems in wards and offices, as well as lack of visual and sound signals for people with hearing or visual impairments;
- particularly critical problems remain in sanitary facilities: in some hospitals there are no shower cabins, or they are only partially equipped (with narrow passages, without foldable seats, call buttons, hooks for clothes or personal items), which significantly limits patients' independence and safety.

## Leadership and Governance

**For the development of the rehabilitation ecosystem, it is important to involve various stakeholders, in particular the active role and engagement of local self-government bodies.**

Rehabilitation is a component of the Accessibility Strategy in Ukraine, which focuses on creating a barrier-free environment for all people by removing barriers in six key areas: physical, digital, informational, social (community), educational, and economic.

All three administrative-territorial units are working on implementing the Strategy; however, only in Kyiv City is there a clearly designated authority responsible for this area. Additionally, Kyiv City and the town of Bucha in Kyiv Region participate in piloting the creation of the first barrier-free routes for 15 communities across Ukraine by 2025<sup>13</sup>.

It is also important to note the absence of rehabilitation pathways for proper referral of patients to rehabilitation. Neither in the two regions nor in Kyiv City is there an established mechanism for coordination and interaction among service providers working in various components of the rehabilitation continuum.

**In neither of the two oblasts nor in the city of Kyiv has a well-established mechanism for interaction and coordination among service providers been developed,** who operate within various components of the rehabilitation pathway.



## 2. Rehabilitation Ecosystem at the Community Level

Chernihiv oblast includes 57 United Territorial Communities (UTCs).  
Kyiv oblast includes 69 United Territorial Communities (UTCs).



<sup>13</sup> On Approval of the National Strategy for Creating a Barrier-Free Environment in Ukraine for the Period up to 2030: Resolution of the Cabinet of Ministers of Ukraine No. 166 of 14 April 2021. Retrieved from <https://zakon.rada.gov.ua/laws/show/366-2021-%D1%80#Text>

### **Selection of Communities for the Development of the Rehabilitation Ecosystem at the Community Level**

At the initial stage of project implementation, the communities were selected based on their available potential and favorable starting conditions for developing rehabilitation services. This approach allowed for effective utilization of local resources combined with project interventions.

At subsequent stages, the selection approach may be adjusted to take into account the experience gained and systemic changes in the country – in particular, the planned introduction in 2026 of a rehabilitation monocontract in healthcare facilities, which will create the prerequisites for engaging smaller and more remote communities.

The selection of communities for the first stage was based on the following criteria:

**1** Availability of HCFs providing specialized medical care and the most demanded services for patients with strokes, heart attacks, surgical pathology (excluding day-surgery), trauma, who have urgent rehabilitation needs and receive rehabilitation services under the Program of Medical Guarantees (PMG) in service packages 25, 53, 54.

**3** Availability of local plans for implementing the Roadmap for the development of a barrier-free environment, as well as experience in developing or readiness to develop such plans.

**2** Experience in implementing PMG, introducing social services, inclusive education, and other reforms at the community level (participation in initiatives or readiness for professional training of personnel from various sectors – governance, family doctors, rehabilitation specialists, social workers, educators – for community development, deinstitutionalization, inclusion, barrier-free environment, etc.).

**4** Experience in implementing programs and projects of international technical assistance, donor-funded projects, and cooperation with NGOs and charitable initiatives.

**5** Collaboration of HCFs in the community with prosthetic and orthotic enterprises.

According to the defined criteria, 23 communities in Chernihiv oblast and 37 communities in Kyiv oblast were included in the list of potential candidates, where additional data were collected.

The activity of communities in providing the requested information was considered one of the key factors for further selection.



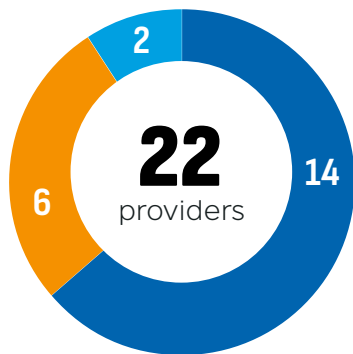
## City of Chernihiv

Information was obtained from 7 communities; the selected ones are: the city of Chernihiv and the Korukivka UTC.

Chernihiv oblast

### Healthcare and Rehabilitation Sector

#### PMG service providers:



- municipal HCFs
- private HCFs without private entrepreneurs
- private entrepreneurs (sole proprietors)

#### Primary healthcare (PHC):

**16**  
service providers employing

**208**  
PHC doctors

**271 908**  
declarations submitted

**6** HCFs providing rehabilitation services in inpatient and outpatient settings, including for children under 3 years of age

- Municipal Non-Commercial Enterprise "Chernihiv Regional Hospital" of the Chernihiv Regional Council (packages 53, 54 under the PMG)
- Municipal Non-Commercial Enterprise "Chernihiv Regional Children's Hospital" of the Chernihiv Regional Council (packages 25, 53, 54 under the PMG)
- Municipal Non-Commercial Enterprise "Chernihiv City Hospital No. 2" of the Chernihiv City Council (packages 53, 54 under the PMG)
- Municipal Non-Commercial Enterprise "Chernihiv City Hospital No. 3" of the Chernihiv City Council (packages 53, 54 under the PMG)
- Municipal Non-Commercial Enterprise "Chernihiv City Hospital No. 4" of the Chernihiv City Council (packages 53, 54 under the PMG)
- Municipal Non-Commercial Enterprise "Chernihiv Central District Hospital" of the Chernihiv District Council of Chernihiv Oblast (packages 53, 54 under the PMG)

The HCFs have contracts with four prosthetic and orthotic enterprises: LLC "Forward Ortho," LLC "PROSTETICS.PRO," LLC "Sigma Ortho," and LLC "Bez Obmezhen", which ensures patients' right to freely choose the P&O enterprise.



Main limitations to developing rehabilitation services are human resources – quality and expertise of rehabilitation professionals

## Mental Health

**2** providers under the medical services package "Psychosocial and psychiatric assistance to adults and children" for mental health centers and mobile multidisciplinary teams:

- Chernihiv Central District Hospital of the Chernihiv District Council of the Chernihiv Oblast
- Chernihiv Regional Children's Hospital of the Chernihiv Regional Council

## Inclusive Education

**23**  General secondary education institutions

**187** inclusive classes

**344** children with SEN

**183** teacher assistants

**5** child assistants

**5** speech therapy centers

Individual development programs for children with SEN in inclusive classes.

**29**  Preschool education institutions

**151** special groups

**646** children with SEN

**56** teaching assistants for inclusive education

**2**  Inclusive Resource Centers

## Social Services

**23** service providers

**18** services

**215** beneficiaries

An extremely low indicator of palliative care recipients – 0 across the entire Chernihiv region, including the city of Chernihiv.

## Accessibility

As part of the Accessibility Plan, the development of an accessible route is planned in the city of Chernihiv.

## Coordination of Services and Interaction

Mechanisms for coordination between providers of healthcare, rehabilitation, and other related services at the community level have not been developed. Interaction is limited and occurs mainly in the form of telephone calls.

At the same time, Chernihiv City Hospital No. 3 and Chernihiv City Hospital No. 4 employ social workers and a specialist in supporting war veterans and demobilized persons, who cooperate with social protection institutions, veterans' organizations, and other institutions and agencies.



## Koriukivka UTC

Chernihiv oblast

Distance from the regional center – 84 km.


### Healthcare and Rehabilitation Sector

#### PMG service providers:

**2** municipal HCFs

**1** service provider provide rehabilitation services – MNE "Koriukivka Central District Hospital":

- operates only in the framework of inpatient rehabilitation services;
- receives support from the Belgian Development Agency Enabel for reconstruction and the establishment of a rehabilitation department;
- does not have a contract with any P&O enterprise, which may complicate the provision of assistive devices for patients with amputations and other related conditions.

 Outpatient rehabilitation services are not provided in the community.

#### Primary healthcare:

**1** provider

**13** PHC doctors

**16 719** signed declarations



Follow-up of patients after discharge is weak, and family doctors do not fully understand their role in this process.



Representatives of LGA and hospital management express the need for training for their specialists in rehabilitation.


**Main limitations to developing rehabilitation services** are human resources – quality and expertise of rehabilitation professionals and poor availability of AD for provision to patients.

### Mental Health

**1** providers under the medical services package "Psychosocial and psychiatric assistance to adults and children" for mental health centers and mobile multidisciplinary teams:

- Koriukivka Center District Hospital of Koriukivka City Council

## Inclusive Education

**4**  General secondary education institutions

**16** inclusive classes

**21** children with SEN



Representatives emphasize the need to improve the qualifications of specialists working with children with SEN.

**6**  Preschool education institutions

**2 institutions with:**

**4** inclusive groups

**3** special groups for 27 children with SEN

**1** group for 14 children with visual impairments



The "School Bus" program is functioning for 2025 – 2026 to ensure the transportation of children from nearby towns and villages to educational institutions.



The Inclusive Resource Center (IRC) is absent, the community is served by the IRC in the Menska community.

## Social Services

**7** service providers

**106** service recipients

Main barriers:



lack of social transportation solutions;



local citizens do not use palliative care available in the community, but tend to look for such service in neighboring areas.

## Accessibility

A designated official responsible for rehabilitation and related services in the community – the Head of the Social Protection Sector at the CPAS – has been appointed, and a working group for the implementation of the Accessibility Strategy in the community has been formed.



The Accessibility Plan for the community and the barrier-free route have not yet been developed.



Lack of accessibility solutions and awareness about rights and services for veterans.

## Coordination of Services and Interaction

Mechanisms of coordination between healthcare, rehabilitation, and other related service providers at the community level have not been developed.

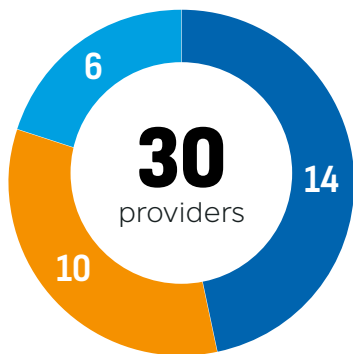
## Bila Tserkva UTC

Information was obtained from 7 communities; selected: Bila Tserkva UTC and Boyarka UTC.

Kyiv oblast  
Distance from the regional center – 88 km.

### Healthcare and Rehabilitation Sector

#### PMG service providers:



- municipal HCFs
- private HCFs (without SPs)
- SPs

#### Primary healthcare:


**13**  
providers

**155**  
PHC doctors

**188 026**  
declarations submitted

#### 3 HCFs providing rehabilitation in inpatient and outpatient settings:

- MNE "Bila Tserkva City Hospital No. 2" of the Bila Tserkva City Council – receives support from the Belgian development agency Enabel for reconstruction and improvement of the inpatient rehabilitation department (Package 53);
- MNE "Bila Tserkva City Hospital No. 1" of the Bila Tserkva City Council (Packages 53, 54);
- LLC "BC CLINIC" (Packages 53, 54).


 Additionally, there is a rehabilitation service provider for children with disabilities that operates outside the PMG and is financed separately under a program of the Ministry of Social Policy of Ukraine.

 Main limitations to developing rehabilitation services are human resources - quality and expertise of rehabilitation professionals and poor availability of AD for provision to patients. Main city hospital – MNE "Bila Tserkva City Hospital No. 2" that treats trauma, stroke etc. does not have inpatient rehabilitation capacities.

### Mental Health

**0** providers under the medical services package "Psychosocial and psychiatric assistance to adults and children" for mental health centers and mobile multidisciplinary teams.

## Inclusive Education

**13**  General secondary education institutions

**119** inclusive classes

**279** students with SEN

**2**  Inclusive Resource Centers


**40**  Preschool education institutions

**8**  Preschool units

**In which:**

**72** inclusive groups

**203** children with SEN

 There are no social service providers that ensure social support for children with SEN during inclusive education (child/pupil assistant); accordingly, support for children with SEN in acquiring self-care skills during education is insufficient.

**There are 3 institutions providing institutional care, including educational ones,** which indicates delays in implementing the Deinstitutionalization Reform, according to which children should be transferred to inclusive education and provided with the necessary services to support their education and living in families or in conditions as close to family-based care as possible.

## Social Services

**13** service providers

**190** service recipients

A Veterans' Space operates in the community, employing 11 specialists.  
A Veterans' Assistant works together with doctors.

## Accessibility



A Council on Accessibility has been established to develop the Accessibility Route and an Action Plan for rehabilitation according to accessibility principles, in line with the National Strategy for Creating a Barrier-Free Environment in Ukraine.



The measures include adapting physical environments, inclusive education, accessibility of administrative and social services, and staff training across different sectors.

## Coordination of Services and Interaction

 Mechanisms for coordination between healthcare, rehabilitation, and other related service providers at the community level have not been developed.

During the site visit, a need was identified for additional explanations on developing social services, ensuring deinstitutionalization, and organizing the provision of rehabilitation services in the community according to the PMG for LGA representatives.



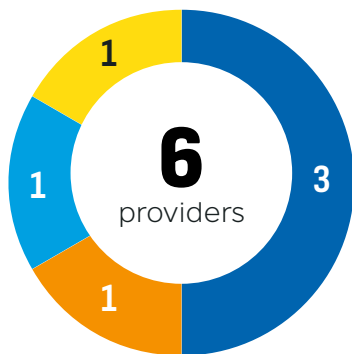
## Boyarka UTC

Kyiv oblast

Distance from the regional center – 30 km.

### Healthcare and Rehabilitation Sector

#### PMG service providers:



- municipal HCFs
- state HCF
- private HCF (without SP)
- SP

#### Primary healthcare:

**4**  
providers

**37**  
PHC doctors

**39 209**  
declarations submitted

**2** The network of HCFs providing rehabilitation in inpatient and outpatient settings is represented by two HCFs:

- MNE "Boiarka City Council Intensive Care Hospital" (Packages 25, 53, 54);
- MNE "Kyiv Regional Children's Hospital" of the Kyiv Regional Council (Packages 25, 53, 54; additionally, services provided pursuant to CMU Resolution No. 309).



It is planned to open a rehabilitation department in one more HCF.




None of the HCFs has a contract with a P&O enterprise, which limits patients' access to assistive devices for rehabilitation.


### Mental Health

**1** Providers under the medical services package "Psychosocial and psychiatric assistance to adults and children" for mental health centers and mobile multidisciplinary teams:

- Kyiv Oblast Children Hospital of Kyiv Region Council.


## Inclusive Education


**10**  General secondary education institutions  
**68** 68 inclusive classes (present at each institution)  
**102** students with SEN

**6**  Preschool education institutions  
**25** inclusive groups  
**99** children with SEN

**1**  Inclusive Resource Center – 1, **a branch is planned to open.**


**1**  Private institutions

 Only one social services provider delivers support to children with SEN during the learning process (child/pupil assistant); therefore, support for children with SEN in acquiring self-care skills during the learning process is insufficient.

 8 routes have been established to transport 216 pupils to educational institutions.

## Social Services


**6** service providers      **132** recipients of social services       LGA representatives reported, there were only 2 active social service providers.

 **Coverage of the population's needs in social services remains insufficient**, particularly in care and palliative care services (as indicated during community visits), as well as in transportation for persons with disabilities. Focus group discussions highlighted the lack of a social taxi service, which is one of the key gaps in social services. As a result, services in remote and hard-to-reach areas must be covered by mobile teams and local social workers. To develop social services, additional training for social workers is required. Social services are often provided only after disability status is officially granted, which creates gaps in support for individuals while awaiting official recognition of their status.


**The community plans to establish a veterans' support center.** The Employment Center provides free training for veterans to acquire new professional skills, offers employment support, and provides services such as "from training to employment" (applications can be submitted through the CPAS/portal/phone).

## Accessibility

An Accessibility Council has been established and an Accessibility Action Plan adopted in line with Ukraine's National Strategy for an Accessible Environment. Measures include adapting physical spaces, promoting inclusive education, ensuring accessible public and social services, and training staff across sectors.

 The physical accessibility of educational institutions for inclusive education remains unfulfilled.

## Coordination of Services and Interaction

 Coordination between healthcare, rehabilitation, and related service providers at the community level is underdeveloped.

Interaction is largely informal, with no joint planning, unified communication channel, or clear rehabilitation pathway.

Local authorities and healthcare facilities acknowledge the need to strengthen social services and coordination, as healthcare facilities often compensate for gaps in social service provision.

# Recommendations for the Development of the Rehabilitation Care Ecosystem in Kyiv and Chernihiv Regions



The rehabilitation care ecosystem must ensure access to rehabilitation services for patients according to their needs, as reflected in the WHO rehabilitation services pyramid.

## Main tasks of the health care sector under this approach:

### For patients with urgent rehabilitation needs

Group I



Provision of inpatient rehabilitation care – through the timely initiation of rehabilitation in the acute period and referral for continued rehabilitation care as needed – from the rehabilitation inpatient department to the community-level outpatient department.



Continuation of rehabilitation care in outpatient settings at the community level after discharge from the inpatient department – during the subacute and long-term rehabilitation period.



Monitoring of the health and functional status of patients with urgent rehabilitation needs at the primary health care level.



Establishment of cross-sectoral interaction among service providers to form an effective patient referral network.

### For patients with non-urgent rehabilitation needs

Group II and children in Group III



Monitoring at the primary health care level, including catamnestic monitoring of children with congenital conditions that may lead to disability (Group III) – for the timely identification of rehabilitation needs and referral to appropriate services.



Provision of outpatient rehabilitation care at the community level during the long-term rehabilitation period, according to the individual needs of patients.



**To implement this approach, it is necessary to strengthen the capacity of the inpatient rehabilitation network in Kyiv and Chernihiv oblasts, as well as in the city of Kyiv. This network is being developed on the basis of supra-cluster and cluster health care facilities that are leading in providing medical care to the population – in particular, in the treatment of strokes, myocardial infarctions, surgical interventions, and in providing care to newborns in acute conditions.**

Based on the analysis of the workload of health care facilities and consultations with stakeholders, the facilities in which it is advisable to develop rehabilitation capacities have been identified.



## Chernihiv region

## Kyiv Region

## City of Kyiv

### HCFs providing care for adults

- |                                                                                                                                                   |                                                                                                                                                    |                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Municipal Non-Commercial Enterprise "Chernihiv Regional Hospital" of the Chernihiv Regional Council                                            | 1. Municipal Non-Commercial Enterprise "Kyiv Regional Clinical Hospital" of the Kyiv Regional Council                                              | 1. Municipal Non-Commercial Enterprise "Kyiv City Clinical Hospital No. 12"                                                                           |
| 2. Municipal Non-Commercial Enterprise "Chernihiv City Hospital No. 2" of the Chernihiv City Council                                              | 2. Municipal Non-Commercial Enterprise "Bila Tserkva City Hospital No. 2" of the Bila Tserkva City Council                                         | 2. Municipal Non-Commercial Enterprise "St. Michael's Clinical Hospital of Kyiv" of the Executive Body of Kyiv City Council (Oleksandrivska Hospital) |
| 3. Municipal Non-Commercial Enterprise "Pryluky Central City Hospital"                                                                            | 3. Municipal Non-Commercial Enterprise "Brovary Multidisciplinary Clinical Hospital of Territorial Communities of Brovary District of Kyiv Oblast" | 3. Municipal Non-Commercial Enterprise "Kyiv City Clinical Hospital No. 1" of the Executive Body of Kyiv City Council                                 |
| 4. Municipal Non-Commercial Enterprise "Nizhyn Central City Hospital named after Mykola Halytskyi" of the Nizhyn City Council of Chernihiv Oblast | 4. Municipal Non-Commercial Enterprise "Boryspil Multidisciplinary Hospital of Intensive Care"                                                     | 4. Municipal Non-Commercial Enterprise "Kyiv City Clinical Hospital No. 3" of the Executive Body of Kyiv City Council                                 |
| 5. Municipal Non-Commercial Enterprise "Chernihiv City Hospital No. 3" of the Chernihiv City Council                                              | 5. Municipal Non-Commercial Enterprise "Bila Tserkva City Hospital No. 1" of the Bila Tserkva City Council                                         | 5. Municipal Non-Commercial Enterprise "Kyiv City Clinical Hospital No. 6" of the Executive Body of Kyiv City Council                                 |
| 6. Municipal Non-Commercial Enterprise "Chernihiv Central District Hospital" of the Chernihiv District Council of Chernihiv Oblast                | 6. Municipal Non-Commercial Enterprise "Obukhiv Multidisciplinary Hospital of Intensive Care" of the Obukhiv City Council                          | 6. Municipal Non-Commercial Enterprise "Kyiv City Clinical Emergency Hospital" of the Executive Body of Kyiv City Council                             |
| 7. Municipal Non-Commercial Enterprise "Koriukivka Central District Hospital" of the Koriukivka City Council                                      | 7. Municipal Non-Commercial Enterprise "Irpin Central City Hospital" of the Irpin City Council of Kyiv Oblast                                      | 7. Municipal Non-Commercial Enterprise "Kyiv City Clinical Emergency Hospital" of the Executive Body of Kyiv City Council                             |
| 8. Municipal Non-Commercial Enterprise "Bakhmach City Hospital" of the Bakhmach City Council                                                      |                                                                                                                                                    |                                                                                                                                                       |

### HCFs providing care for children

- |                                                                                                                   |                                                                                                                              |                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 1. Municipal Non-Commercial Enterprise "Chernihiv Regional Children's Hospital" of the Chernihiv Regional Council | 1. Municipal Non-Commercial Enterprise "Kyiv Regional Children's Hospital" (Boiarka) of the Kyiv Regional Council            | 1. Municipal Non-Commercial Enterprise "Perinatal Center of Kyiv" of the Executive Body of Kyiv City Council                     |
| 2. Municipal Non-Commercial Enterprise "Maternity Hospital" of the Chernihiv City Council                         | 2. Municipal Non-Commercial Enterprise "Kyiv Regional Children's Hospital No. 2" (Bila Tserkva) of the Kyiv Regional Council | 2. Municipal Non-Commercial Enterprise "Kyiv City Children's Clinical Hospital No. 1" of the Executive Body of Kyiv City Council |

## For the designated network of HCFs, it is necessary to:

1

Ensure the technical capacity for providing rehabilitation care through the renovation of premises where rehabilitation services are to be delivered in inpatient settings

2

Ensure accessibility in the designated HCFs

3

Ensure the technical capacity for providing rehabilitation care by procuring the necessary rehabilitation equipment lacking in the designated HCFs

4

Ensure the technical capacity for the operation of Assistive Technology Cabinets for issuing rehabilitation assistive devices (ATDs) for temporary use

5

Develop expertise in managing rehabilitation services in the designated HCFs through appropriate training for the leadership of HCFs and heads of rehabilitation departments

6

Ensure expert support for the designated HCFs to improve the work of multidisciplinary rehabilitation teams in inpatient departments (or to establish such teams)

7

Ensure full staffing of multidisciplinary rehabilitation teams with specialists, as well as develop mechanisms for motivation and incentives

8

Provide training for multidisciplinary rehabilitation teams in the designated HCFs on delivering rehabilitation care in intensive therapy settings

9

Provide training for multidisciplinary rehabilitation teams in the designated HCFs on delivering rehabilitation care for stroke, trauma, and other conditions

10

Promote the involvement of a social worker in the work of multidisciplinary rehabilitation teams

**Additionally**, to develop the network of HCFs providing medical care to children and to ensure timely identification and referral of children at risk of disability for rehabilitation care, **it is proposed to:**

**Develop catamnestic observation** in the designated HCFs by improving the functioning of pediatric offices for catamnestic follow-up.



**Enhance the expertise of specialists** in catamnestic follow-up, improving their awareness of rehabilitation care and the possibilities of accessing it.



**Develop cooperation** between the rehabilitation and catamnestic observation services through joint training and exchange programs for specialists.



Additionally, to ensure follow-up of patients after discharge from the rehabilitation inpatient facilities of the designated HCF network, it is necessary to engage **primary healthcare (PHC)** professionals from the regions and the city of Kyiv, as well as to enhance their awareness of the capacities of the rehabilitation network at the regional and Kyiv city levels.

### To develop the provision of prosthetic and orthotic devices at the regional level

**For Chernihiv, Kyiv regions, and the city of Kyiv:**

- Ensure the conclusion of agreements between the designated HCFs and prosthetic and orthotic (P&O) enterprises participating in the state program.
- Establish cooperation with Administrative Service Centers (CPAS) to simplify the documentation process for obtaining P&O devices.
- Promote the development of expertise among specialists in prosthetics by organizing training and upskilling courses for prosthetics of the upper limbs (including finger prosthetics), orthotists, lower limb prosthetics (e.g., in case of foot loss), etc.
- Facilitate cooperation between the multidisciplinary rehabilitation teams of the selected HCF network and specialists from P&O enterprises through joint thematic training.
- Ensure that patients are informed in hospital wards about the possibilities of receiving prosthetic devices through the state program.

**Additionally, for the Chernihiv region, it is recommended to support the establishment of conditions for organizing production at least by one local P&O enterprise through the purchase of the necessary equipment or the establishment of mobile teams to serve patients in remote areas of the region.**

To develop and ensure the functioning of the rehabilitation ecosystem, particularly to support the process of preparing patients for discharge from the rehabilitation inpatient facilities, it is necessary to ensure cooperation between the rehabilitation departments of the designated HCF network and providers of educational, social, and employment recovery services.

**To achieve this, it is important to:**

Ensure the presence of a social worker in each HCF at the selected rehabilitation departments.



Collaborate with veterans' assistants.



Conduct regular visits and consultations by employment service specialists to inform about and involve patients in return-to-work support programs.



**To improve leadership and governance of the rehabilitation ecosystem, the Department of Health should:**

- Define or update the referral pathways and the network of HCFs in the region for providing rehabilitation care to patients with acute rehabilitation needs, as well as for referring patients to rehabilitation care during the post-acute rehabilitation phase in inpatient settings.
- Monitor data on patient referrals for rehabilitation care.

At the same time, to develop the network of inpatient rehabilitation care providers at the regional level (for patients with acute rehabilitation needs), it is necessary to develop rehabilitation capacity at the community level for each component of the community rehabilitation matrix.

**The rehabilitation ecosystem at the community level should be capable of ensuring:**

- Provision of outpatient rehabilitation care at the community level during the long-term rehabilitation phase for patients with non-acute rehabilitation needs (Group II) and for children with conditions that may lead to disability (Group III).
- Monitoring at the level of primary healthcare, timely identification of rehabilitation needs, and timely referral for specialized rehabilitation care as needed.

Among the selected communities of the Chernihiv region (the city of Chernihiv, Koryukivka municipality) and the Kyiv region (Boyarka and Bila Tserkva municipalities), **it is crucial to develop outpatient rehabilitation capacity, namely:**

- Ensure the technical capacity to provide rehabilitation care in communities by renovating premises where outpatient rehabilitation care will be delivered.
- Ensure accessibility in the selected HCFs.
- Ensure the technical capacity to provide rehabilitation care by procuring rehabilitation equipment that is lacking for the delivery of outpatient rehabilitation care in the selected HCFs.
- Ensure the technical capacity for the functioning of Assistive Technology Centers (ATCs) for the provision of assistive devices for temporary use.
- Develop expertise in rehabilitation service management in the selected HCFs through relevant training for the leadership of the HCFs and rehabilitation departments.
- Ensure the staffing of multidisciplinary rehabilitation teams with qualified professionals, and establish mechanisms for motivation and remuneration.
- Ensure training of multidisciplinary rehabilitation teams in the selected HCFs to provide rehabilitation care to patients with non-acute rehabilitation needs (Group II) and to children with conditions that may lead to disability (Group III), as well as to patients with acute rehabilitation needs who require continuation of rehabilitation at the community level.
- Ensure training of multidisciplinary rehabilitation teams in the selected HCFs to provide rehabilitation care for musculoskeletal rehabilitation.
- Facilitate the introduction of rehabilitation monotherapy services in the community as soon as it begins to be funded under the Medical Guarantee Program.
- Promote the involvement of social workers in cooperation with outpatient rehabilitation departments in the community.

**Establish cooperation with primary healthcare (PHC) physicians to facilitate their participation in patient follow-up and timely referral for rehabilitation care by:**

- Informing PHC physicians about the availability of rehabilitation care for patients in the community.
- Familiarizing them with the work of rehabilitation specialists and outpatient rehabilitation departments in the community.
- Familiarizing PHC physicians with the specifics of referring patients for rehabilitation monotherapy as soon as it becomes available.
- Informing patients at primary healthcare centers about the opportunities to receive rehabilitation care in the community.
- Additionally, informing PHC physicians and pediatricians about the importance of and support for monitoring the progress of follow-up (catamnestic) observation of children with conditions that may lead to disability and the mechanisms for their referral for such follow-up.

- **To promote employment or re-employment of persons undergoing rehabilitation at the community level,** it is recommended that representatives of employment centers establish **cooperation with outpatient rehabilitation departments in the community** to ensure regular visits and inform patients about available employment support programs and the reimbursement of workplace adaptation for persons with disabilities.

**To promote inclusive education for children and their access to rehabilitation services, it is necessary to establish cooperation between Inclusive Resource Centers (IRCs) and outpatient rehabilitation departments by:**

Conducting training sessions for IRC specialists and staff of educational institutions working with children with special educational needs (SEN) on the opportunities for these children to receive rehabilitation care.



Organizing joint training sessions and experience-sharing events between IRC specialists, educational institution staff, and rehabilitation professionals working in the community to foster collaboration and improve understanding of the specific roles and functions of each group of professionals.



Informing parents of children with SEN about the opportunities to access rehabilitation care for their children as well as social services that support the organization of inclusive education and rehabilitation (such as day care, in-school support, and personal assistants).



- **To support home-based living for patients who require rehabilitation, it is recommended to improve:**
  - Public awareness about social care services.
  - Information for social service providers about opportunities to organize rehabilitation care at the community level.
  - Development of transportation services for patients to reach rehabilitation facilities.
  - Housing adaptation for people with disabilities by piloting housing arrangements for selected residents of HCFs to demonstrate and promote this **best practice**.

**Additionally, for Bila Tserkva UTC, where three institutional childcare facilities are still functioning, it is recommended to hold consultations with representatives of local self-government bodies (LSGs), education and social protection authorities in order to develop a plan for transitioning children to inclusive education and to family-based or family-like living arrangements.**

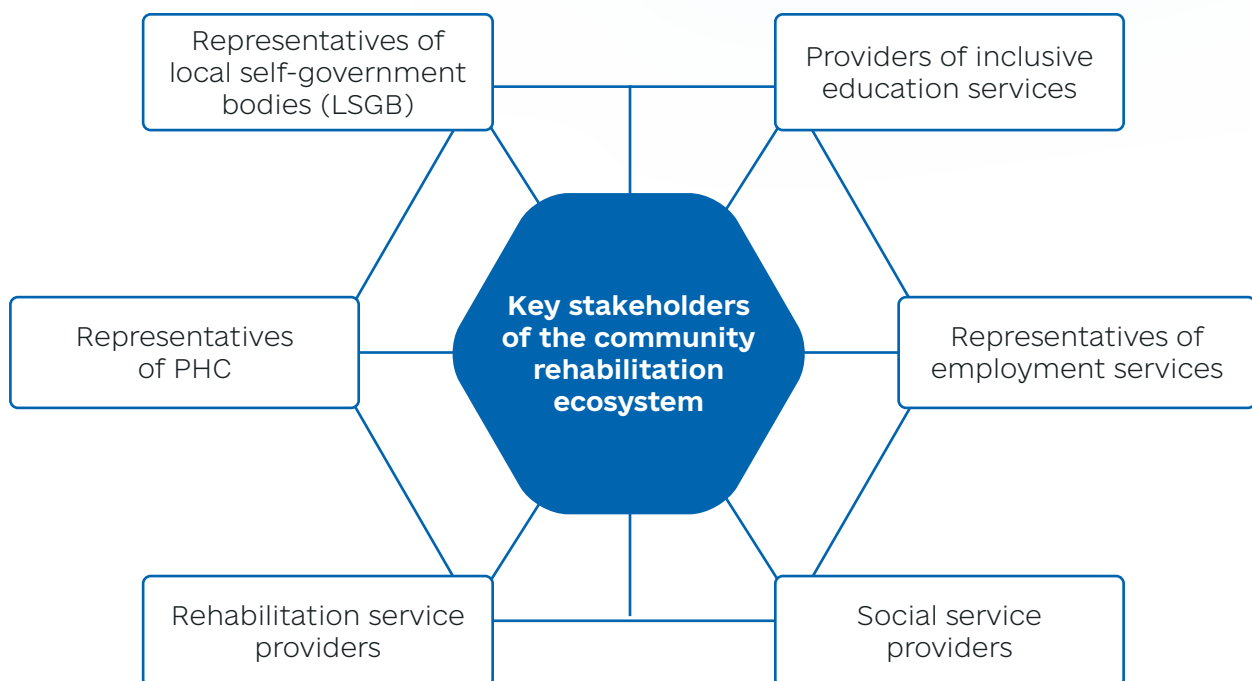
Rehabilitation specialists and physicians, particularly pediatricians, may be involved in assessing the rehabilitation and medical needs of these children and in planning and organizing the process of their transition to inclusive education and family-based care.

**The development of accessibility in the selected communities can be achieved through:**

- 1 Creating accessibility elements:
  - in educational institutions where inclusive education is provided;
  - in administrative service centers (CPASs);
  - through the implementation of accessible routes.

- 2** Supporting the implementation of the Accessibility Strategy:
- in the city of Chernihiv – supporting the execution of the Accessibility Plan and the creation of an accessible route;
  - in the Korukivka UTC – developing the Accessibility Plan and creating an accessible route;
  - in the Bila Tserkva UTC – supporting the implementation of accessible routes;
  - in the Boyarka UTC – developing the Accessibility Plan and creating an accessible route.

**For the purpose of coordinating services and organizing support around the individual and their family, it is recommended to ensure the establishment of interaction among all key stakeholders of the rehabilitation ecosystem in the UTC:**



**To achieve this, it is recommended to:**

- Establish a working group or a committee at the LSGB level to coordinate assistance and support for people in need of rehabilitation at the UTC level. The group should include representatives of healthcare departments, social protection, education, employment centers, center for public administrative service (CPAS), inclusive resource centers (IRC), PHC providers, and rehabilitation service providers. This working group or committee should hold regular meetings to address each complex case requiring the organization of rehabilitation in the UTC, coordinate access to all necessary services and assistance, and oversee the implementation of such plans.
- Ensure regular exchange of experience among service providers in the UTC and representatives of healthcare departments, social protection, education, employment centers, CPAS, and IRC.

According to the defined recommendations, each UTC will have a separate Action Plan developed, enabling the implementation of these recommendations in practice.