

Community-Based Rehabilitation in Ukraine:

Piloting Experience and Recommendations
for the Implementation of the Holistic Approach



Kyiv - 2025

OPPORTUNITIES FOR THE INDIVIDUALS – DEVELOPMENT FOR THE HROMADA



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List of abbreviations

ASC	Administrative Service Centre
ASD	Autism Spectrum Disorder
ATC	Amalgamated Territorial Community
ATDs	Assistive Technology Devices
CCH	Central City Hospital
CVS	Cardiovascular System
ECAD	Expert Commission for the Assessment of Daily Functioning
ECEI	Early Childhood Education Institution
FRM	Physical Rehabilitation Medicine
IPR	Individual Rehabilitation Plan
IRC	Inclusive Resource Center
LoSG	Local Self-Government Bodies
MBI	Mine-Blast Injury
MDT	Multidisciplinary Rehabilitation Team
MHG	Medical Guarantee Programme
MI CSS	Municipal Institution “Center for Social Services”
NHSU	National Health Service of Ukraine
OT	Occupational Therapist
PHCC	Centre of Primary Health Care
PRM	Physical and Rehabilitation Medicine
PT	Physical Therapist
RS	Respiratory System
SLT	Speech and Language Therapist
TC	Territorial Community
UATC	Urban Amalgamated Territorial Community

1. INTRODUCTION

1.1 Purpose of the Report and Project Context

This report has been prepared within the framework of the project **“Community-Based Rehabilitation in Ukraine: Piloting of the Holistic Rehabilitation Approach in Target Communities”**, which is funded by the European Union, carried out by the Patients of Ukraine CF, and implemented by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH as part of the project “Special Assistance Programme Ukraine/EU4ResilientRegions”.

The purpose of the report is to document the approach, implementation steps, challenges, and achievements of the pilot initiative aimed at developing and testing a model of holistic rehabilitation at the hromada level. The document is intended to serve as a practical guide for other hromadas seeking to develop rehabilitation services that incorporate both medical and non-medical components, and to support the scaling of effective practices within the national rehabilitation system.

The report outlines how elements of holistic rehabilitation were designed and implemented in the pilot hromadas, taking into account local context, available resources, and development strategies, as well as aligning with the national rehabilitation system development framework in Ukraine. Special attention is given to the role of multidisciplinary teams, the involvement of social workers, the development of patient pathways, and the establishment of sustainable connections between medical and non-medical service providers.

Context

Until 2015, the rehabilitation system in Ukraine remained largely outdated, with widespread use of non-evidence-based approaches. The adoption of the Law of Ukraine “On Rehabilitation in Healthcare” in 2020 marked an important milestone, providing the legislative foundation for the provision of rehabilitation services at the primary and specialized care levels. However, it was Russia’s full-scale invasion in 2022 that became the catalyst for urgent transformations in the healthcare system, including the field of rehabilitation. Every day, Ukrainians suffer from spinal cord injuries, traumatic brain injuries, amputations, burns, and hearing or vision impairments, all of which require not only medical stabilization but also intensive and comprehensive rehabilitation to ensure timely recovery and return to daily life.

In line with the logic of rehabilitation system development, the patient pathway includes several stages: supra-cluster healthcare facilities deliver the highest level of specialized care; cluster-level facilities work with stabilized patients and basic rehabilitation cases; and the final stage is rehabilitation provided in general hospitals and primary healthcare centers at the hromada level – offering long-term support close to the patient’s place of residence.

It is important to emphasize that the goal of rehabilitation extends beyond simply “restoring function as quickly as possible.” It lies in enabling a person to return to an independent life and active participation in their hromada, in accordance with Article 19 of the UN Convention on the Rights of Persons with Disabilities. This includes not only physical recovery, but also social integration – such as employment, home modifications, inclusive education for children, and access to psychological support.



Currently, the main focus in the development of the rehabilitation system remains on the first two levels – supra-cluster and cluster care. In 2023, the Patients of Ukraine CF [\[1\]](#), under the “War Trauma Rehabilitation in Ukraine” initiative [\[2\]](#), piloted an improved referral pathway between supra-cluster, cluster, and general healthcare facilities, with particular attention to strengthening the rehabilitation route from oblast to district level in Ivano-Frankivsk and Lviv regions. Social workers played a key role in this process, being integrated into the teams at both supra-cluster and cluster facilities.

During the implementation of this initiative, it became evident that achieving full inclusion of patients into hromada life requires expanding the model to the local level. Consequently, the next logical step was to develop and pilot a holistic rehabilitation model at the hromada level, aligned with the National Strategy for Creating a Barrier-Free Environment and tailored to the individual needs of patients at all stages of rehabilitation – whether in inpatient, outpatient, or community-based settings.

1.2 About the Implementing Organization

The Patients of Ukraine Charitable Foundation is one of the leading patient organizations in Ukraine. Established in 2011, the Foundation brings together communities of patients with severe, chronic, and rare diseases to advocate for their right to access treatment. The organization has become a national leader in protecting patients’ rights to quality healthcare.

Its mission is:

“Treatment accessible for all”.

Since its establishment, the Foundation has played an active role in shaping major health system reforms. Among its key contributions are participation in the development of the National Health Reform Strategy (2015–2020), advocacy for the Law “On State Financial Guarantees of Medical Services to the Population” – which laid the foundation for healthcare reform in Ukraine – and the reform of state procurement of medicines.

Since 2022, in response to the full-scale invasion, the Foundation has significantly expanded its activities. A humanitarian response center was established, which as of March 2025 had procured and delivered medical devices, equipment, and medicines to healthcare facilities across Ukraine amounting to over UAH 291 million. In addition, 46 primary healthcare facilities were restored in de-occupied territories.

One of the Foundation’s strategic priorities is the development of the physical rehabilitation system in Ukraine – particularly through the **“War Trauma Rehabilitation in Ukraine”** initiative, which supports the expansion of service provider networks, training of specialists, policy development, and the introduction of modern rehabilitation approaches.

The Foundation also actively supports the continuation of healthcare reform, the development of professional self-governance in the health sector, the protection of patients’ rights, and the strengthening of patient communities. In 2023, representatives of member organizations of the Patients of Ukraine joined working groups under the Ministry of Health, including those on orphan diseases and state procurement. The Foundation was also among the key stakeholders advocating for the legalization of medical cannabis in Ukraine.

Today, the Patients of Ukraine Charitable Foundation **unites 51 members** from **39 organizations** representing the interests of more than **4.5 million patients**. It has a team of **over 60 professionals** and experience in implementing large-scale projects in partnership with **GIZ, Enabel, SDC, The European Delegation to Ukraine, UNDP, IOM, NED** and other international donors.

1.3 Intended Audience of this Report

This report is primarily intended for hromadas seeking to develop a physical rehabilitation system at the local level, to support military personnel and civilians in the process of integration during and after rehabilitation, and to play an active role in patient support.

Additionally, the document will be useful for governmental and non-governmental institutions, as well as civil society and international organizations that plan to implement a holistic rehabilitation model at the hromada level in Ukraine.

1.4 How to Use this Report

This report is structured to provide the reader with both a general understanding of the rehabilitation approach at the hromada level and concrete examples of implementation. It can be used as:

- **a practical guide** for developing patient pathways, planning local actions, assembling teams, and establishing intersectoral collaboration;
- **a source of inspiration** – for those seeking successful case studies, local solutions, and approaches;
- **an analytical resource** – for experts, donors, and government stakeholders interested in scaling effective practices;
- **an advocacy tool** – aimed at integrating the rehabilitation component into hromada development strategies.

The material is presented in a logical sequence: from the methodology for assessing hromadas to specific action plans, descriptions of implemented activities, analysis of results, challenges, and recommendations for further steps.

2. OVERVIEW OF THE PROJECT AND ITS RELEVANCE FOR HROMADAS

The project “Community-Based Rehabilitation in Ukraine: Piloting of the Holistic Rehabilitation Approach in Target Communities” was developed as a practical response to the need for an effective final stage in the patient’s rehabilitation pathway – rehabilitation at the hromada level. Its implementation aimed not only to test individual tools but also to create a scalable and adaptable model for needs of other regions.

The first step was the selection of three hromadas that had a basic level of capacity for implementing changes. The selection criteria included not only infrastructure but also the motivation of local authorities, the presence of committed professionals, and readiness for intersectoral cooperation.

Following this, a dedicated Assessment Tool was developed to allow for an in-depth analysis of the situation in each hromada. This stage helped identify strengths, gaps, and potential areas for growth in the field of rehabilitation.

Based on the data collected, each hromada, in collaboration with the project team, developed a patient pathway – a step-by-step logic that outlines how a person can access the necessary support after being discharged from hospital and gradually return to everyday life. Importantly, these pathways accounted not only for medical support but also for social, psychological, and daily living support.

To enable the implementation of these pathways in practice, each hromada developed its own Action Plan. Some of the activities were piloted during the project – including training, equipment procurement, and assistance in developing internal documentation. Other actions remained as “homework” for the hromadas to implement independently.

This report summarizes all stages of the project, the experience of the three pilot hromadas, key achievements, and challenges. Its purpose is not only to document what has been done but also to serve as a catalyst for further action – both in the participating hromadas and in those just beginning their journey toward building an effective rehabilitation system at the local level.

3. METHODOLOGY

3.1 Selection of Hromadas

To pilot the model of holistic rehabilitation, it was essential to select hromadas that demonstrated not only baseline capacity but also motivation for real change. The selection was carried out through an open call among 20 hromadas from three target oblasts – Chernihiv, Mykolaiv, and Odesa – via a specially designed questionnaire.

The questionnaire included three main sections:

- **Capacities in the healthcare sector of the hromada** (availability of family doctors, access to rehabilitation services, presence of rehabilitation specialists and multidisciplinary teams);
- **Social and community support** (infrastructure for social services, activity of local organizations, inclusivity);
- **Rehabilitation needs** (existing demand for services, ongoing or planned initiatives).

A total of 14 completed questionnaires were received. Based on the evaluation, three hromadas were selected to participate in the project: **Bashtanka, Rozdilna, and Nizhyn**. These hromadas demonstrated not only a sufficient level of basic infrastructure but also a proactive approach to implementing rehabilitation practices, availability of specialists, and openness to intersectoral collaboration.

3.2 Detailed Assessment of Hromadas

Following the selection process, a tailored **Assessment Tool for Rehabilitation Capacity** was developed (Annex 1. Assessment Tool (Methodology)), aimed at providing a comprehensive understanding of the current situation in each hromada. Its purpose was to collect detailed data to support the development of patient pathways and local action plans.

The tool covered the following components:

- **Assessment of the capacities of healthcare facilities** (capacity, human resources, availability of services and equipment);
- **State of the social sector** (support programs, services for vulnerable groups, coordination with the healthcare sector);
- **Involvement of local self-government** (role in planning, budgeting, and policy implementation);
- **Engagement of civil society organizations and healthcare professionals**, who could provide an independent assessment of the rehabilitation landscape in the hromada.

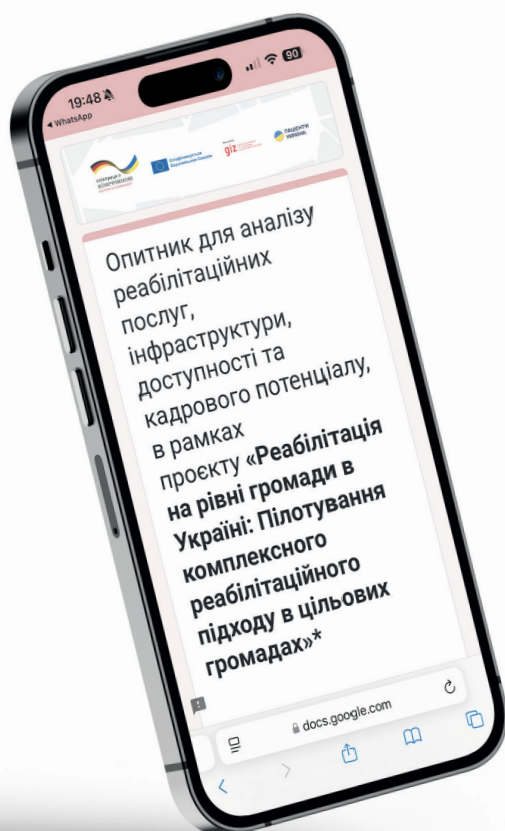
The methodology of the tool was based on international approaches – including WHO's Rehabilitation 2030 [3], the Community-Based Rehabilitation (CBR) [4] guidelines, and the STARS tool [5]. After its initial development, the tool was reviewed and validated by experts and national

stakeholders, including representatives of the Ministry of Health, Ministry of Social Policy, veteran organizations, and professional associations.

Data was collected through online surveys and an in-person meeting with representatives of the three hromadas (Pre-Piloting Meeting). Participants included representatives of local authorities, the healthcare and social sectors, employment centers, and civil society organizations.

The findings served as a basis for:

- developing patient pathways;
- drafting personalized action plans;
- identifying priorities for short- and medium-term interventions.



3.3 Data Collection and Methodological Limitations

One of the key features of the applied methodology was that data were primarily collected through surveys of individuals who were likely to possess relevant information. This approach enabled the project team to quickly gather preliminary analytics while avoiding an overload of institutional requests, which typically require more time to process.

At the same time, this format also had limitations. Some survey participants did not have full access to the required information or were not fully informed. In addition, in many hromadas, the data needed for a comprehensive assessment of rehabilitation capacity are not collected systematically or in a structured manner. In some cases, respondents were unable to answer all questions due to the lack of proper record-keeping or reporting.

This experience leads to an important recommendation for future assessments: part of the necessary data should be collected through official requests submitted to institutions that are the primary holders of such data (e.g., healthcare facilities, statistical offices, departments of social protection and healthcare, etc.)

Nevertheless, the assessment tool used in the project can also be valuable for the hromadas themselves. It highlights which data should be collected on a regular basis to better understand rehabilitation needs, plan service development, and shape policies at the local level.

4. PROFILES OF HROMADAS: needs, challenges, and readiness to develop rehabilitation

4.1 Summary of the Three Pilot Hromadas

The three hromadas involved in the pilot project — Bashtanka, Nizhyn, and Rozdilna — demonstrate varying levels of institutional readiness, staffing capacity, and service organization. At the same time, despite their differences, their experiences reveal a number of common patterns representative of many Ukrainian hromadas.

The need for rehabilitation is growing and multifaceted

All three hromadas report an increasing number of individuals in need of rehabilitation services — a result of an aging population, the consequences of war, and a rise in chronic non-communicable diseases (such as cardiovascular diseases, diabetes, stroke, and cancer), as well as mental health disorders.

A separate group includes children with neurological conditions, including autism spectrum disorders (ASD), cerebral palsy (CP), epilepsy, and intellectual disabilities.

There is also a high demand for services for older adults, persons with disabilities, and veterans who require physical, psychological, and social rehabilitation.

Key challenges include a shortage of specialists, insufficient funding, and weak coordination

All three hromadas face a shortage of rehabilitation professionals — particularly physiatrists, occupational therapists, speech and language therapists, and specialists for working with children.

Existing professionals are often overburdened or lack the conditions necessary to work effectively.

Local budgets rarely include dedicated programs to support rehabilitation. Equipment procurement, assistive technology (AT), and transportation solutions are often made possible only through support from charities or international projects.

Weak integration between medical, social, educational, and community services results in gaps in the patient journey and limited access to rehabilitation after discharge or return to the hromada.

Institutional capacity is uneven and fragmented

Not all hromadas have rehabilitation or accessibility strategies, designated coordinators, or working groups on the topic. Even when strategies exist, they often fail to fully account for the needs of persons with disabilities, veterans, or children with developmental disorders.

Crisis response planning in the context of rehabilitation — especially in wartime — is nearly absent. There are no service maps, equipment reserves, mobile teams, or evacuation routes for persons with limited mobility.

Accompanying services exist in isolated forms but lack a systemic approach

Palliative care, social support, psychological counseling, case management, or “social pathways” for persons with disabilities and veterans exist only fragmentarily and are mostly the result of individual institutions’ or organizations’ efforts.

Inclusive education infrastructure is partially present but faces significant accessibility issues, a lack of specialists, and insufficient systemic support for educators.

At the same time, hromadas show potential and motivation for change

Each hromada has its strengths – such as a core team of professionals, experience cooperating with the NHSU, partnerships with civil society organizations, and active involvement in developing patient pathways and action plans.

Already during the pilot phase, the hromadas expressed readiness to adapt the assessment tool for future self-monitoring and planning in the rehabilitation sector.

Thus, the experience of these three hromadas demonstrates not only the complexity of the current state of community-level rehabilitation but also the real potential for development – provided that clear tools, intersectoral coordination, and strategic leadership from within the hromadas are ensured.

4.2 Bashtanka Hromada: Potential, Challenges, and Readiness for Change

Demographics and Characteristics of the Hromada

Bashtanka Urban Territorial Hromada is located in Mykolaiv Oblast, has a population of over **36,000 residents**, and is characterized by a predominantly rural population structure. The proportion of **older adults (60+)** is **24.3%**, which is an important factor when planning medical and social services.

The hromada also has a **high percentage of persons with disabilities – 7.4%** of the total population, exceeding the national average. The hromada is home to **870 veterans, 335 of whom do not have a registered disability.**

Needs for Rehabilitation Services

The hromada reports a high prevalence of chronic non-communicable diseases, particularly cardiovascular and respiratory conditions, diabetes, and musculoskeletal disorders. There is a growing number of war-related injuries, as well as increasing demand for palliative care.

While there are relatively few children with developmental disorders in the hromada, the lack of specialized programs and infrastructure creates barriers even to providing basic support.

Service Providers and Existing System

Rehabilitation services are primarily provided by the Bashtanka Multiprofile Hospital (municipal non-commercial enterprise), both on an inpatient and outpatient basis. Services are available for both adults and children, including an early intervention program.

At the same time, other facilities in the hromada (particularly primary care (PHCC)) do not provide rehabilitation services, which creates inequality in access at the community level.

Human and Material Resources

Only 8 rehabilitation and related professionals currently work in the hromada. There is a particularly acute shortage of occupational therapists, speech and language therapists, psychologists, and social workers. The workload on the existing team is high.

Much of the equipment is outdated, and some premises are not adapted for people with mobility impairments. The hromada lacks facilities for prosthetics or the configuration of assistive technologies.

Funding is primarily provided through the NHSU's Medical Guarantee Program (MGP), with some needs covered by charitable support.

Key Challenges

- Absence of a multidisciplinary approach and intersectoral coordination (health-care, social protection, and education operate in parallel).
- Lack of a clear patient pathway at the hromada level.
- Insufficient integration of services for veterans.
- No local targeted programs for persons with disabilities or children with developmental disorders.
- Low public awareness of available services.

Opportunities for Development

- Willingness of the hromada to cooperate and implement change: a Barrier-Free Strategy is already in place (albeit with an infrastructure focus), and a person responsible for the rehabilitation direction has been appointed.
- Experience of cooperation with the NHSU and procurement of services through the MGP.
- Potential to create multidisciplinary teams (existing professionals could be supplemented).

- Search for transportation solutions or other flexible service delivery formats to overcome access barriers in remote villages.
- Active participation of the hromada in developing the patient pathway and action plan during the pilot project.

4.3 Nizhyn Hromada: Systemic Developments and Areas for Growth

Demographics and Characteristics of the Hromada

Nizhyn Urban Hromada is located in Chernihiv Oblast and has a population of over **67,000 residents**, of whom more than **29% are older adults (60+)**, and **11.5% are persons with disabilities** – significantly above the national average.

The hromada is home to **nearly 3,000 veterans** (4.43% of the population), who constitute a key target group for rehabilitation services.

It also has a **high proportion of children and youth (17.1%)**, including children with developmental disorders.

Needs for Rehabilitation Services

Analysis shows a consistently high prevalence of **cardiovascular diseases (18,000+ people)**, **respiratory conditions (6,600+)**, **diabetes**, **cancer**, **strokes**, and war-related injuries.

The number of **mental health disorders**, **amputations**, and **musculoskeletal conditions is increasing**.

Among children, **cases of ASD, epilepsy, cerebral palsy, and intellectual disabilities are on the rise**. The need for palliative care is also evident: in the past year, **nearly 900 patients** received palliative support.

Service Providers and Existing System

Rehabilitation services are provided by the Mykola Halytskyi Nizhyn Central Municipal Hospital, including inpatient care (20 beds), outpatient services, and an early intervention program.

At the primary care level (Primary Health Care Center), rehabilitation services are not available.

Some diagnosis-specific patient pathways have been developed, but overall intersectoral coordination remains fragmented.

Human and Material Resources

The hromada employs 24 rehabilitation and related specialists, although some positions remain vacant.

While the team appears complete on paper, there is a shortage of speech and language therapists, psychologists, rehabilitation assistants, and specialists for working with children.

An Inclusive Resource Center (IRC) operates in the hromada, and 29 inclusive classrooms are functioning; however, only a portion of educational institutions are physically accessible.

A transportation service (social procurement through Caritas) is available, but it only partially meets the demand.

Some modern equipment is available, but it is insufficient. A new 30-bed rehabilitation ward is currently under construction.

Key Challenges

- **Insufficient integration** of rehabilitation services across the health, social, and education sectors.
- Absence of a **dedicated coordination body** for rehabilitation.
- **Lack of strategic planning:** rehabilitation is not a priority in the hromada's development strategy.
- **Limited physical accessibility** – only a portion of facilities are accessible.
- Services for veterans and children are available but **do not meet the full spectrum of needs**.
- **Unequal access** to services – rehabilitation is essentially absent at the primary healthcare level.

Opportunities for Development

- The construction of a new rehabilitation ward presents an opportunity to expand services.
- Partnerships with civil society organizations (Caritas, Veteran Space, Center for Resilience) form a basis for intersectoral solutions.
- Potential for establishing **multidisciplinary teams**.
- **Exploration of transportation solutions** to improve access.
- The hromada is willing to adapt the **assessment tool** for independent planning.
- The functioning IRC and the active implementation of inclusive education provide a foundation for developing services for children.

4.4 Rozdilna Hromada: Rehabilitation as an Emerging Focus Area

Demographics and Characteristics of the Hromada

Rozdilna Urban Hromada (Odesa Oblast) has a **population of over 32,000**, of whom **14.3% are older adults and 3% are persons with disabilities** – below the national average.

Among persons with disabilities, almost **13% are children**, indicating a need for specialized programs.

The hromada is home to **202 veterans** (0.6% of the population), who also require systemic support. The population structure shows a high percentage of working-age individuals.

However, the analysis revealed a **low availability of adapted services** for children, older adults, and persons with disabilities.

Needs for Rehabilitation Services

The most common conditions driving rehabilitation needs include **cardiovascular diseases, diabetes, cancer, strokes, and musculoskeletal disorders** (especially arthritis and arthrosis).

There is a high rate of **developmental disorders among children**: over 80 children have neurological or psycho-emotional disorders, including **35 with ASD, 17 with epilepsy, and 17 with intellectual disabilities**.

In 2024, **palliative care** was provided to **239 patients**, most of whom received inpatient services. Although war-related injuries are not officially recorded, there is a clear need for veteran support services.

Service Providers and Existing System

The main service provider is the **Rozdilna Multidisciplinary Hospital**, which offers rehabilitation services for adults with chronic conditions. Pediatric services are not available.

Rehabilitation services are not provided at the primary healthcare level (PHC).

The duration of rehabilitation is very short (7–9 days), and there is almost no continuity of care after discharge.

A dedicated rehabilitation ward is under renovation and design, funded from the local budget.

Palliative care is provided through 12 inpatient beds and a mobile team.

There are no patient routing mechanisms between medical and social services.

Human and Material Resources

The hromada employs at least 12 rehabilitation and related professionals – equivalent to only **3.7 specialists per 100,000 residents**, compared to the recommended ≥ 10 .

There are no PRM doctors, and there are few psychologists, speech and language therapists, or rehabilitation nurses.

Despite having a basic workforce, patient flow is low (10–20 per week), indicating **low awareness, lack of pathways, and weak service integration**.

Equipment is limited, mostly for physiotherapy. Occupational therapy services are not provided.

Key Challenges

- **Absence of a dedicated rehabilitation ward:** services are provided in other departments without specialized environments.
- **No pediatric rehabilitation services** are available.
- **Low level of intersectoral cooperation** (education, healthcare, and social protection are not integrated).
- **No coordination mechanism for developing rehabilitation,** particularly patient pathways between sectors.
- Prosthetics services and post-amputation support are not organized.
- **Assistive technologies are available only for mobility needs;** other categories are not covered.
- **Inclusive education infrastructure is partial,** staffing is limited, and facilities are not fully adapted.
- Social taxi services cover only part of the hromada.

Opportunities for Development

- **A project to renovate** the rehabilitation ward is already underway – efforts can be focused on completing and equipping it.
- The hromada **has an approved Accessibility Plan and an implementation council,** providing a governance framework for service development.
- There is potential to create a **unified patient pathway involving** both medical and social specialists.
- **A DME (assistive device) rental** point exists at the territorial center – it can be expanded.
- Several active initiatives exist (IRC, educational assistants, mobile teams), which can serve as a basis for building multidisciplinary teams.
- The hromada **expressed willingness to participate in future initiatives** – including finding transportation solutions for remote villages, informing the population, and expanding services for veterans and children.

5. PATIENT PATHWAY: practical rehabilitation routes in hromadas

5.1 How the Pathways Were Developed: Approach, Method, Participants

Patient pathways in hromadas were developed through specialized working sessions conducted on-site by the project team in Bashtanka, Nizhyn, and Rozdilna Hromadas. These sessions brought together representatives of local self-government authorities, management and staff of healthcare facilities (both primary and secondary levels), social services, local employment centers, NGOs, physical rehabilitation specialists, family doctors, and social workers. All participants actively engaged in analyzing real-life situations and identifying practical solutions.

The pathways were designed in a **live dialogue format**, with participants literally sitting at the same table. Importantly, the process was not imposed from above but was instead developed **by the hromadas themselves**, with expert facilitation. A key principle of these sessions was adopting the **patient's perspective** and considering their family's experience. Participants mapped out the journey a person takes from the onset of illness or injury—through hospitalization, treatment, rehabilitation—up to their return to the community. Step by step, they identified where the patient receives support, who guides them through the process, where gaps exist, and what the hromada can do to ensure the pathway is **clear, safe, and continuous**.

The discussions covered various conditions, including **stroke, amputation, and blast trauma**. Each pathway was designed

as a **roadmap**, detailing the process from the first moments after injury or illness to full recovery or long-term community-based support. Importantly, participants did not only document the existing system but also identified **missing or underdeveloped elements** that need to be integrated, such as **social support after hospital discharge, prosthetic care, psycho-emotional support, inclusive education, employment, and housing adaptation**.

The finalized pathways were presented in a **visual format** with color coding:

- **Blue** – elements that are already in place and functioning
- **Pink** – elements that are missing or only partially operational
- **Green** – elements related to assistive rehabilitation devices

This approach allowed hromadas not only to **assess their current state** but also to **develop a realistic vision of their desired future state** regarding rehabilitation services.

5.2 Main stages of the pathways: shared logic and bottlenecks

While each hromada has its own unique characteristics, all pathways developed within the project follow a similar logic—from the moment of injury or illness to the patient's return to daily life. These pathways typically include medical, rehabilitation, social, educational, and daily living components. Through visual mapping, community teams were able to see, for the first time, the entire sequence of events from the patient's perspective.

A typical structure of the pathways includes the following stages:

- **Acute phase:** Hospitalization in a specialized department (stroke, surgical, intensive care), stabilization of the patient's condition.
- **Initial intervention by a multidisciplinary rehabilitation team (MDRT):** Assessment of rehabilitation potential and first recommendations.
- **Provision of assistive rehabilitation devices (ARD):** In-hospital distribution via the assistive technology office.
- **Social support:** Involvement of a social worker **during hospitalization**, establishing communication with the territorial social service center.
- **Post-acute rehabilitation:** Either **inpatient or outpatient**, based on an **electronic referral**, sometimes requiring transfer to regional-level facilities.
- **Palliative care (if needed):** Inpatient, mobile, or outpatient services covered by the National Health Service of Ukraine (NHSU).
- **Return to the community:** Follow-up by the family doctor and social worker, availability of **rehabilitation services, consultations, and support in obtaining ARDs**.
- **Decision by the ECAD (Expert Commission for the Assessment of Daily Functioning):** Assessment of functional loss, assignment of disability status if applicable.
- **Long-term support:** Housing adaptation, access to inclusive education, employment assistance, and caregiving services.

Key Bottlenecks Identified in Hromadas

- **Limited or underdeveloped outpatient rehabilitation services.** Most services are concentrated in hospitals, with no continuity of care after discharge.
- **Incomplete pathways beyond the medical phase.** Social support, adaptation, and integration are not always part of a structured, system-wide approach.
- **Unequal access to services within the hromada.** Some services are available only to specific groups (e.g., only for veterans or individuals with officially recognized disabilities).
- **Lack of accessible information for patients.** Many people **do not know** they have the right to **free services** or how to access them.
- **Challenges in cross-sectoral coordination.** Even where specialists and resources exist, there is often **no designated coordinator** or **clear mechanism** for patient transitions between different systems.

The pathways developed in the pilot hromadas highlight these **gaps** while also identifying **practical opportunities for growth**. The following sections provide **detailed examples of pathways** for each hromada and each medical condition—serving as a **model that can be adapted** in other communities.

5.3.1 Bashtanka Hromada

Patient Pathway after Stroke

In Bashtanka Hromada, the patient pathway for stroke is structured around key events that determine the speed and quality of recovery—from the acute phase to the return to everyday life. During a joint working session, the hromada gathered all relevant specialists to analyze how patient care is currently provided, where gaps exist, and which links in the chain can be strengthened.

The pathway begins with hospitalization in the stroke unit or, in critical cases, in the intensive care unit. At this stage, the multi-disciplinary rehabilitation team (MDRT) establishes initial contact with the patient, stabilization takes place, and, when possible, the first elements of rehabilitation are introduced.

The next stage — discharge from the hospital and return to the hromada — presents a series of challenges. In many cases, there is no follow-up support after discharge, and patients and their families do not know where to seek further rehabilitation.

In Bashtanka Hromada, a basic care pathway has been established: after discharge, the patient is advised to contact their family doctor, who can issue an electronic referral for further treatment or rehabilitation. If necessary, the family doctor can also involve secondary-level specialists.

In the future, once the rehabilitation department is fully operational, the family doctor will be able to refer the patient for outpatient rehabilitation within the hromada, as well as for a single rehabilitation service, which is planned for implementation.

The pathway also integrates the provision of assistive rehabilitation devices (ARDs), which can be accessed either during treatment and rehabilitation in the facility, through the assistive technology office, or via the territorial social protection unit.

The role of the social worker is currently not formalized, but there are plans to introduce basic social support for such patients, potentially through case management or an interagency team.

Special attention in the pathway has been given to housing adaptation, patient rights awareness, and psycho-emotional support—elements that are not yet fully functional but have been incorporated into the hromada's action plan for future development.

The presented pathways illustrate the patient's route through different stages of treatment and rehabilitation, receiving the necessary services in appropriate facilities.



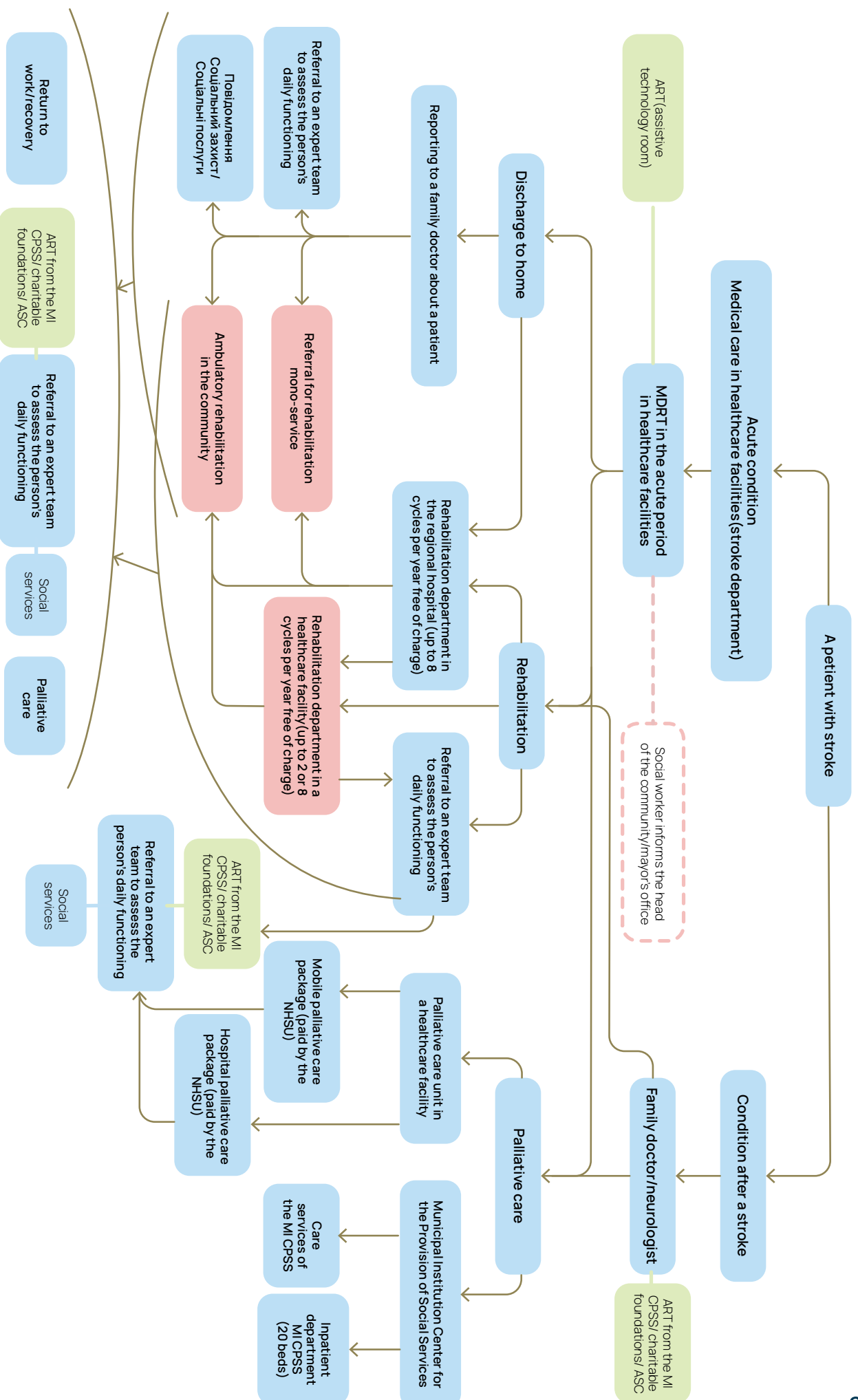
Blue indicates the facilities, services, and opportunities that are already available in the community.



Pink marks the services that are currently unavailable or operating at a limited capacity.



Green callouts highlight services related to the provision of assistive rehabilitation devices.



Patient Pathway after Mine-Blast Injury

This pathway was developed as one of the most complex due to the combined nature of injuries typical for patients with mine-blast trauma. These injuries often include physical, psychological, and cognitive impairments, requiring the involvement of multiple specialists, services, and coordinated efforts.

In many cases, patients—especially military personnel—arrive in the hromada after completing initial treatment phases in other facilities, usually at highly specialized supra-cluster hospitals, where they are evacuated from combat zones. However, if the injury occurs in an area covered by the local hospital, or if the patient is transferred from the regional center, the pathway begins with the acute phase in the local facility.

At this stage, the multidisciplinary rehabilitation team (MDRT) intervenes, stabilizing the patient's condition and determining the further treatment strategy. Depending on the severity of the injury, the patient is either transferred for further rehabilitation or discharged home with initial recommendations.

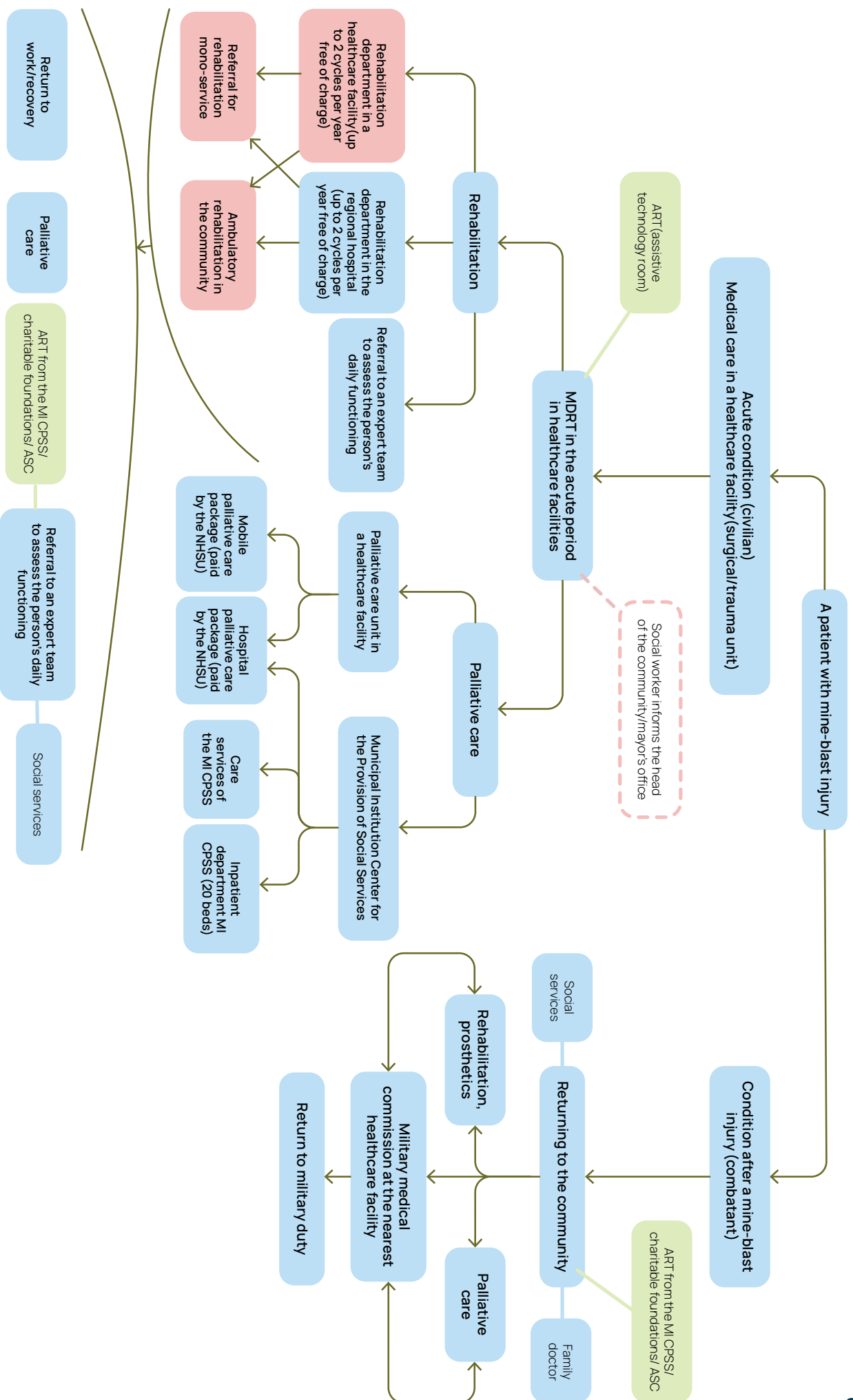
Upon returning to the hromada from the hospital, the patient enters a less structured environment. The lack of systematic routing and professional coordination often leaves families responsible for navigating medical, social, and rehabilitation services on their own.

During the working session in Bashtanka, several key areas for strengthening this pathway were identified:

- Establishing a clear referral process through the family doctor for further rehabilitation and psycho-emotional support.
- Recognizing the need to include a social worker or case manager in the pathway to support the patient and facilitate coordination between services.
- Addressing the necessity of housing adaptation for individuals with mobility impairments, including the development of a standardized application template.
- Agreeing on a structured process for informing patients about obtaining assistive rehabilitation devices (ARDs) and prosthetics, utilizing localized informational materials created within the project.

Defining psycho-emotional support as an essential component of the pathway, while acknowledging that its availability in the hromada is inconsistent and requires reinforcement.

Additionally, for patients with mobility impairments living in remote areas, the need for accessible outpatient rehabilitation remains a pressing issue. The solution may lie in the development of transportation options or other flexible service delivery formats to improve accessibility.



Patient Pathway after Amputation

The pathway for patients with amputation goes beyond surgical treatment, encompassing a complex rehabilitation process, prosthetic fitting, adaptation to life changes, and regaining functional independence. In the hromada, this is one of the most resource-intensive areas.

In many cases, patients with amputations return to the hromada after completing their primary treatment and even after initial prosthetic fitting, particularly in the case of military personnel. However, some individuals return with an open residual limb or without an Individual Rehabilitation Plan (IRP), requiring the hromada to play an active role in ensuring comprehensive support.

In Bashtanka, the pathway begins either at the hospital stage – if the amputation occurs within the local or cluster-level facility – or when the patient arrives after surgery.

Early-Stage Challenges

At the early stage, two major issues were identified:

1. Low awareness among patients and their families about their rights.
2. Lack of automated patient routing within the hromada.

In most cases, the family doctor serves as the main coordinator, responsible for referring the patient for further rehabilitation or guiding them through the ECAD (Expert Commission for the Assessment of Daily Functioning) process to obtain an Individual Rehabilitation Plan (IRP).

Prosthetic Fitting & Support

A significant part of the pathway focuses on the prosthetic selection and fitting process. Through community consultations, several key priorities were identified:

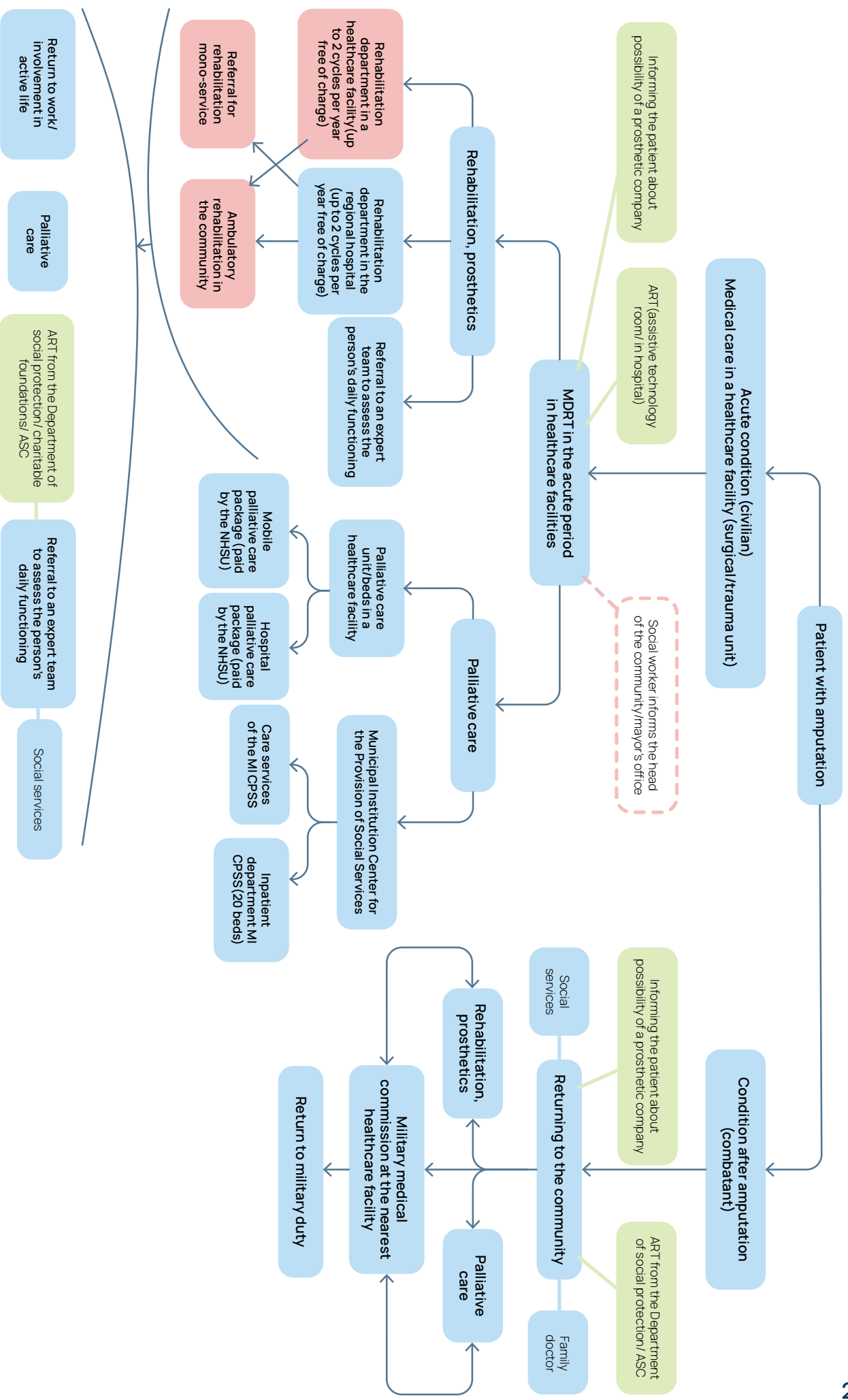
- Providing patients with information about the list of certified prosthetic manufacturers.
- Assisting in document preparation for obtaining assistive rehabilitation devices (ARDs) or financial compensation.
- Engaging specialists to support prosthetic adjustments and user training.

The pathway also includes housing adaptation options, using a standardized application template developed within the project. While social worker support is considered, a formalized system of ongoing assistance is not yet in place—its creation remains a priority for the hromada.

The hromada's action plan outlines several key areas for improvement, including:

- Dissemination of informational materials to increase awareness.
- Training of healthcare and social service personnel to enhance patient support.
- Streamlining the process of obtaining assistive rehabilitation devices (ARDs).

These steps aim to ensure a smoother transition for patients with amputations as they navigate the rehabilitation process and reintegrate into their communities.



5.3.2 Nizhyn Hromada

Patient Pathway after Stroke

In Nizhyn hromada, the patient pathway after stroke is one of the most well-structured among the three pilot hromadas. This is due to the presence of a dedicated stroke unit, qualified personnel, and the overall capacity of the hospital to provide both acute care and, partially, rehabilitation services.

The pathway begins with hospitalization in the stroke unit of the **Mykola Halytskyi Nizhyn Central Municipal Hospital**, where the patient receives medical care in accordance with clinical protocols and the first elements of rehabilitation. After stabilization, a multidisciplinary team decides on the next steps – either continued rehabilitation or discharge home.

After discharge, the patient consults with a family doctor who can refer them for outpatient rehabilitation or to a physician in Physical and Rehabilitation Medicine (PRM) or a neurologist for further referral to inpatient rehabilitation. However, this stage of the pathway is not yet fully reliable, primarily due to limited rehabilitation services available within the hromada itself. Plans are in place to open a new, expanded rehabilitation ward within the hospital, which would significantly enhance the capacity for both outpatient and post-acute rehabilitation in the future.

The pathway also includes:

- access to assistive rehabilitation devices (e.g., walkers, wheelchairs, canes, crutches, and others) through social protection institutions;
- use of social transport, though its coverage remains limited;
- informational materials on available services developed within the pilot project.

At the same time, the hromada notes insufficient involvement of social support services after discharge: medical and social institutions operate in parallel and only partially exchange information. As a result, the burden of navigating the system often falls on the patient's family.

An important component that requires strengthening is psychosocial support for the patient and family after stroke. This is not yet consistently integrated into the pathway.

The return-to-community phase lacks a systematic support logic – including housing adaptation, counseling on the Individual Rehabilitation Plan (IRP), participation in ECAD (Expert Commission for the Assessment of Daily Functioning), and support for returning to work.

Within the pilot, the hromada has initiated efforts to improve these stages, and several solutions have already been reflected in the local action plan – including staff training, updates to patient pathways, communication efforts, and the development of template applications for services.

Patient Pathway after Mine-Blast Injury

The patient pathway for individuals with mine-blast injuries involves multiple levels of support – from acute stabilization to long-term community-based follow-up. Due to the complex nature of such injuries (often involving orthopedic, neurological, and psycho-emotional consequences), the pathway requires engagement from professionals across various sectors and strong intersectoral coordination.

In most cases, patients with mine-blast injuries return to the hromada after completing treatment at supra-cluster or cluster-level facilities as part of the medical evacuation chain. However, there are also situations when the patient presents directly to a local healthcare facility, either independently or due to recurrent complications. In such cases, the pathway begins with hospitalization, stabilization, assessment of functional potential, and preparation for continued rehabilitation.

After discharge from a secondary or tertiary facility, the patient returns to the hromada, where local-level continuation of care is needed. In Nizhyn, this occurs either through direct transfer to the cluster hospital or via the family doctor, who can refer the patient:

- to a PRM physician or neurologist for further referral to inpatient or outpatient rehabilitation;
- for an ECAD (Expert Commission for the Assessment of Daily Functioning) evaluation, followed by the development of an Individual Rehabilitation Plan (IRP), which serves as a basis for accessing assistive rehabilitation devices (ARDs) such as wheelchairs, crutches, walkers, etc., through social protection services.

There is a recognized need in the hromada to develop a systematic model for social support. Currently, cooperation between medical and social services exists but is not well integrated. Coordination between sectors and support from a social worker or case manager remain fragmented. During the pathway design workshop, participants emphasized the importance of formalizing this role.

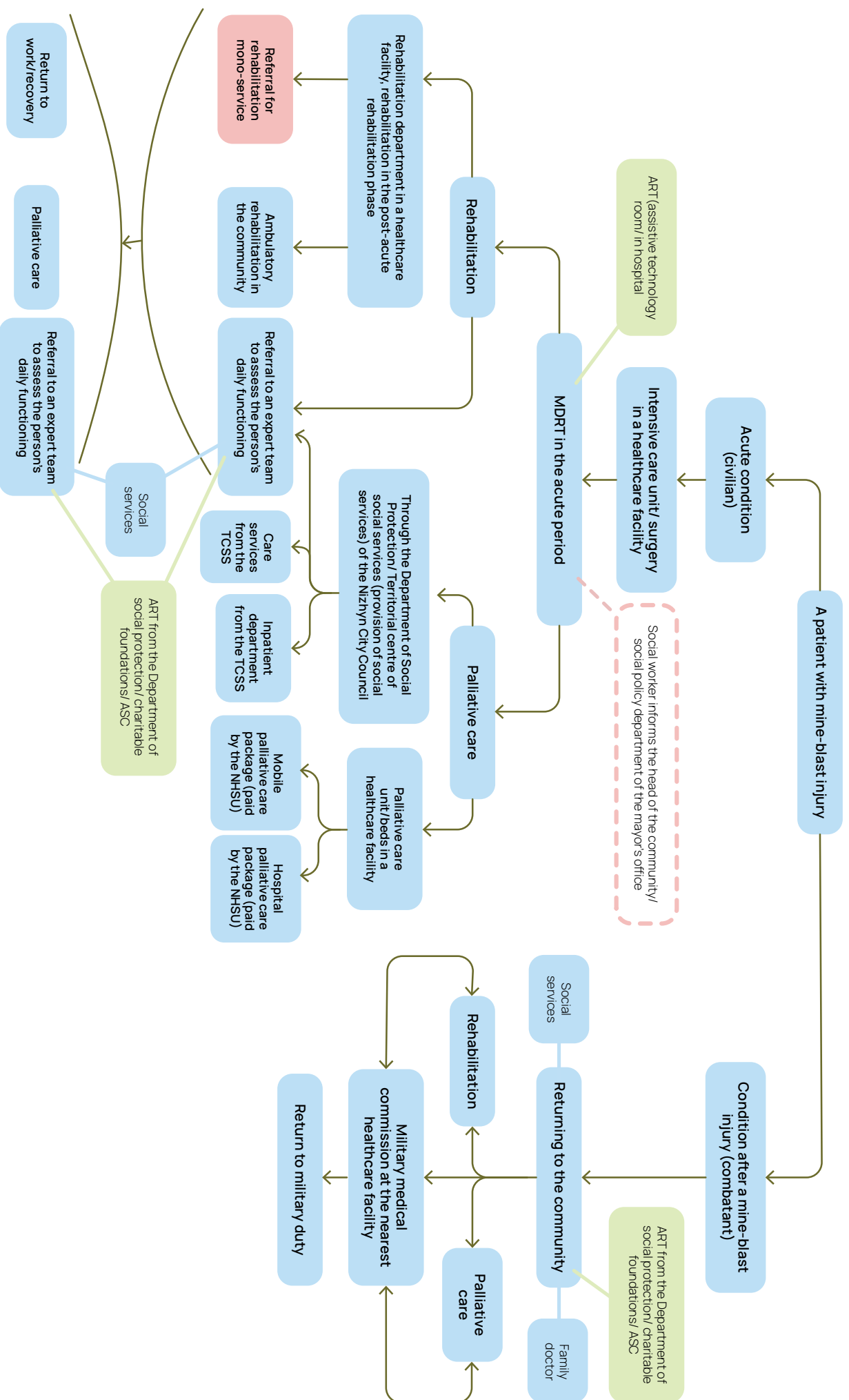
Additional elements discussed as part of the pathway include:

- housing adaptation for individuals with mobility impairments, including creating conditions for return to active living;
- patient education on prosthetic services and consultations with specialized providers;
- psychosocial support, which is currently available through isolated initiatives (such as mobile teams or charitable projects), but needs to be formally integrated into the system.

A social taxi service operates in the hromada and currently meets most transportation requests for persons with mobility impairments. This became possible through the introduction of a social contracting mechanism.

However, the need to expand transportation accessibility remains, particularly for patients with severe limitations or those living in remote villages.

The hromada identifies this pathway as a development priority. The local action plan includes steps for patient information dissemination, improving awareness among primary care physicians, adapting infrastructure, and strengthening intersectoral cooperation.



Patient Pathway after Amputation

The patient pathway for individuals with amputation includes both the acute phase associated with surgical intervention and the long-term process of rehabilitation, prosthetic fitting, adaptation to new life conditions, and return to functional independence.

In Nizhyn hromada, some patients return after completing a full course of treatment at supra-cluster facilities or specialized rehabilitation centers, already fitted with a primary prosthesis. However, there are also cases when a person with an amputation returns to the hromada without an Individual Rehabilitation Plan (IRP), without adequate rehabilitation, or even before prosthetic fitting. Therefore, the pathway must be flexible – allowing entry at different stages.

In cases where the amputation occurred in a local or cluster-level facility, the patient undergoes acute inpatient treatment at the Mykola Halytskyi Nizhyn Central Municipal Hospital, where a multidisciplinary team may also be involved.

After discharge, the patient consults a family doctor who can refer them:

- to a PRM physician for continued rehabilitation;
- to undergo an ECAD (Expert Commission for the Assessment of Daily Functioning) evaluation to initiate the disability registration process and develop the IRP;
- after receiving the IRP – to social protection services for the provision of assistive rehabilitation devices (ARDs) and further prosthetic services.

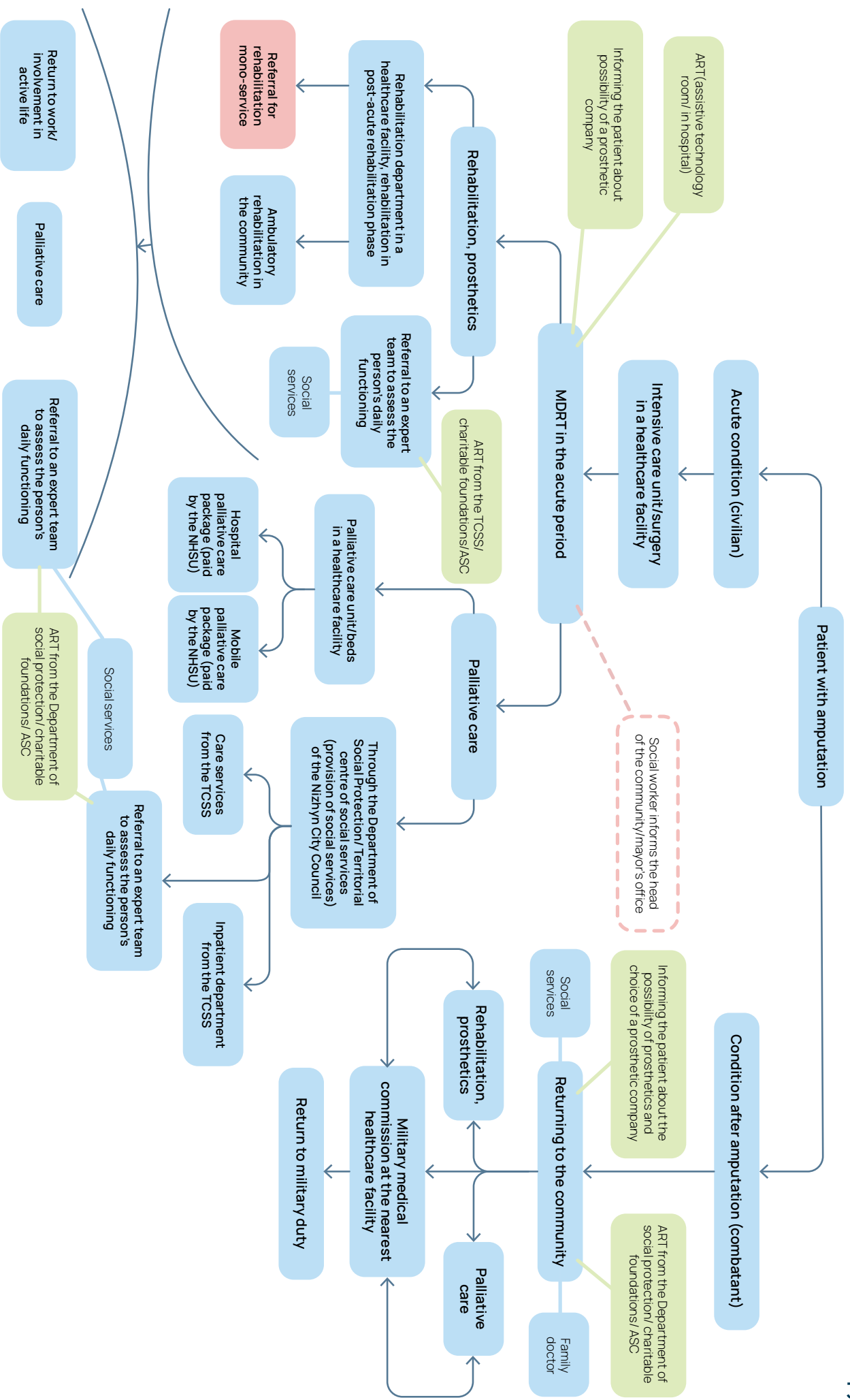
The pathway also includes:

- guidance on prosthetic services (available facilities, documentation, support);
- assistance with housing adaptation applications, if recommended in the IRP;
- the possibility to use social transportation, particularly for attending medical and social institutions.

At the same time, the hromada notes that integration between services remains limited: coordination among medical, social, and administrative sectors often depends on individual professionals rather than on an established system.

There is also no mechanism for systematic social support for patients with amputations across all stages of care.

As part of the pilot project, Nizhyn hromada developed several directions for improving this pathway – including updating patient pathways, enhancing patient information and awareness, strengthening workforce capacity, and creating application templates and informational materials.



5.3.3 Rozdilna Hromada

Patient Pathway after Stroke

Rozdilna hromada has a functioning stroke unit with experience in early neurorehabilitation, where patients receive not only medical care but also comprehensive rehabilitation services delivered by a multidisciplinary rehabilitation team (MDT). This is where the stroke pathway begins.

Following hospitalization, the patient undergoes stabilization and the first stage of rehabilitation, with a focus on early mobilization, functional recovery, and assessment of needs. The unit employs physical therapists, speech and language therapists, occupational therapists, and rehabilitation nurses, allowing for high-quality care from the very beginning of the pathway.

The next logical step – continuation of post-acute or long-term rehabilitation – is currently not available within the hromada, as the rehabilitation ward is still under development: renovations are ongoing, the team is being formed, and equipment is being procured. As a result, patients are typically referred to the oblast center or discharged without structured follow-up rehabilitation.

Key barriers identified during pathway planning include:

- lack of outpatient and continued inpatient rehabilitation services within the hromada;
- insufficient social support following discharge;
- limited transport options for people with mobility impairments;
- low awareness among patients and their families regarding the next steps after hospital treatment.

During the pilot, the hromada:

- described the full stroke patient pathway – from the first symptoms to return to the hromada;
- identified critical areas for improvement, such as establishing links between MDTs and primary care, formalizing the role of social workers, and preparing local personnel;
- developed templates for housing adaptation applications, local information materials, and patient awareness tools.

This pathway holds strong potential for further development – especially after the opening of a fully functional rehabilitation ward and the strengthening of intersectoral cooperation.

Patient Pathway after Mine-Blast Injury

The patient pathway after mine-blast injury in Rozdilna hromada includes a range of actions across different stages – from emergency medical care to long-term support at the community level. However, during the development of the pathway, it became evident that several key components do not yet function systematically, and support for such patients remains more of a challenge than an established practice.

Patients with mine-blast injuries usually return to the hromada after receiving treatment at oblast or national-level facilities. However, there are cases when a patient presents directly to a local healthcare institution – in such instances, care begins in the surgical or trauma department and continues within the hospital's available resources.

Rozdilna has a strong team of rehabilitation specialists based in the stroke unit. In isolated cases, this team is involved in supporting patients in other departments, including those with mine-blast injuries. However, this is not yet a systemic component of the pathway and remains an exception.

After stabilization, the patient is discharged and returns to the hromada, where follow-up care is provided through:

- a family doctor, who can issue a referral for inpatient or outpatient rehabilitation (typically outside the hromada);
- a referral to ECAD to obtain an Individual Rehabilitation Plan (IRP);
- further application to social protection authorities for assistive rehabilitation devices (ARDs) and relevant compensation.

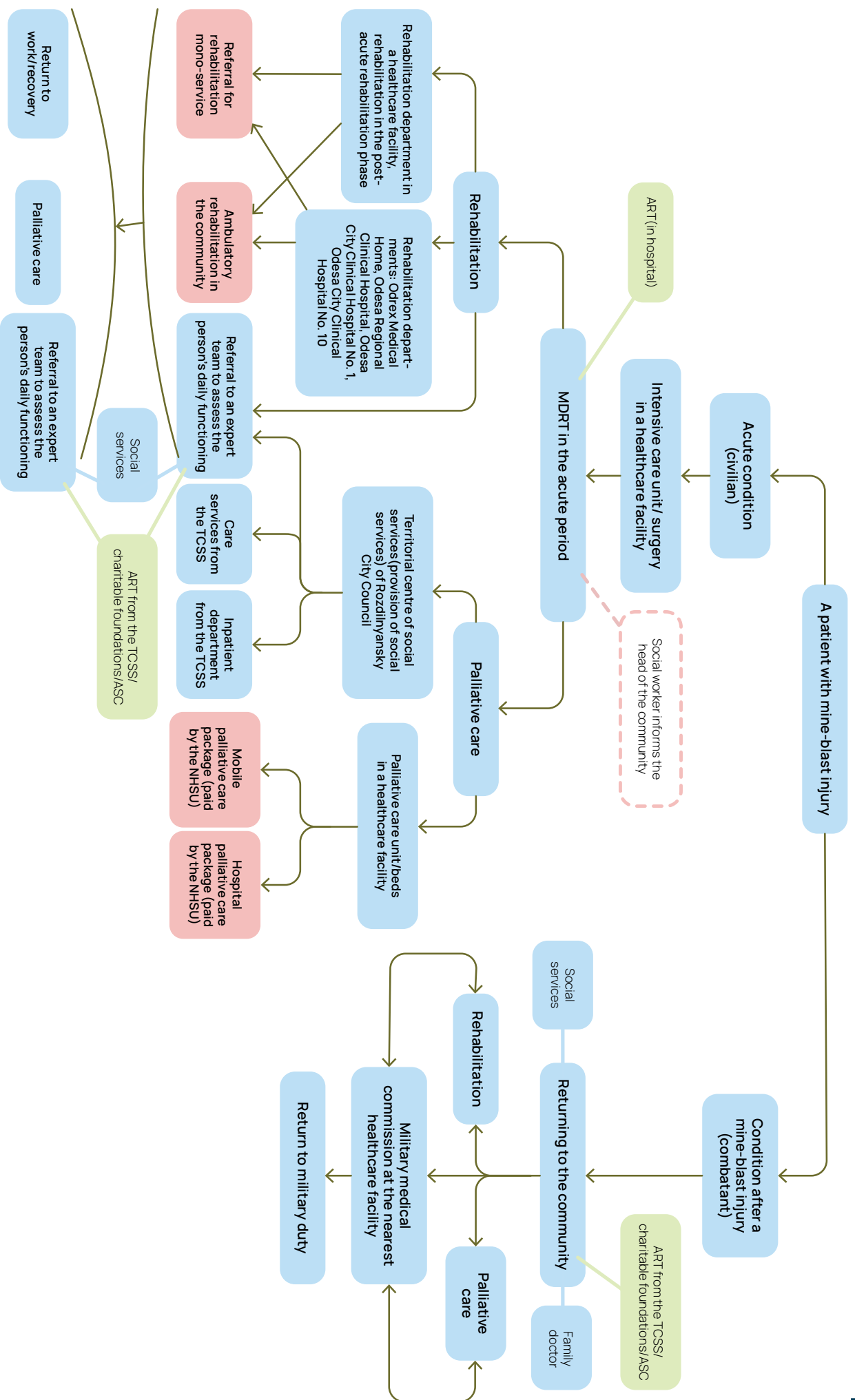
Key barriers at this stage include:

- lack of a local rehabilitation ward or outpatient rehabilitation services;
- weak coordination between medical, social, and administrative services;
- absence of systematic social support (the role of the social worker is not integrated into the pathway);
- low awareness among patients and families about available services and entitlements upon returning home.

During the pilot, the hromada:

- identified the need to formalize the post-acute pathway logic – including rehabilitation stages, social support mechanisms, and access to ARDs;
- developed a standardized housing adaptation application template and local informational materials for patients;
- recognized the need to incorporate psychosocial support and transportation solutions into the pathway, which are currently limited or unavailable.

Once the rehabilitation ward is fully established, this pathway has significant potential for improvement. At the current stage, it requires stronger institutional logic, improved intersectoral coordination, and additional resource allocation.



Patient Pathway after Amputation

The patient pathway after amputation in Rozdilna hromada includes complex and often fragmented stages – from stabilization to reintegration into active life. As with mine-blast injuries, most patients with amputations return to the hromada after undergoing treatment and initial prosthetic fitting in other regions, often without a comprehensive support system or an Individual Rehabilitation Plan (IRP).

In cases where the amputation occurs in a local healthcare facility, the pathway begins in the surgical or trauma department. In rare situations, rehabilitation specialists from the stroke unit may be involved, but there is currently no systemic mechanism for engaging a multidisciplinary team in such cases.

After discharge, the patient consults with a family doctor, who may:

- refer the patient to a PRM physician, trauma surgeon, or general surgeon for continued rehabilitation;
- provide a referral to ECAD for disability registration and development of the IRP;
- after the IRP is issued – refer the patient to social protection services for the provision of assistive rehabilitation devices (ARDs), reimbursement for the cost of the prosthesis, or referral to prosthetic service providers.

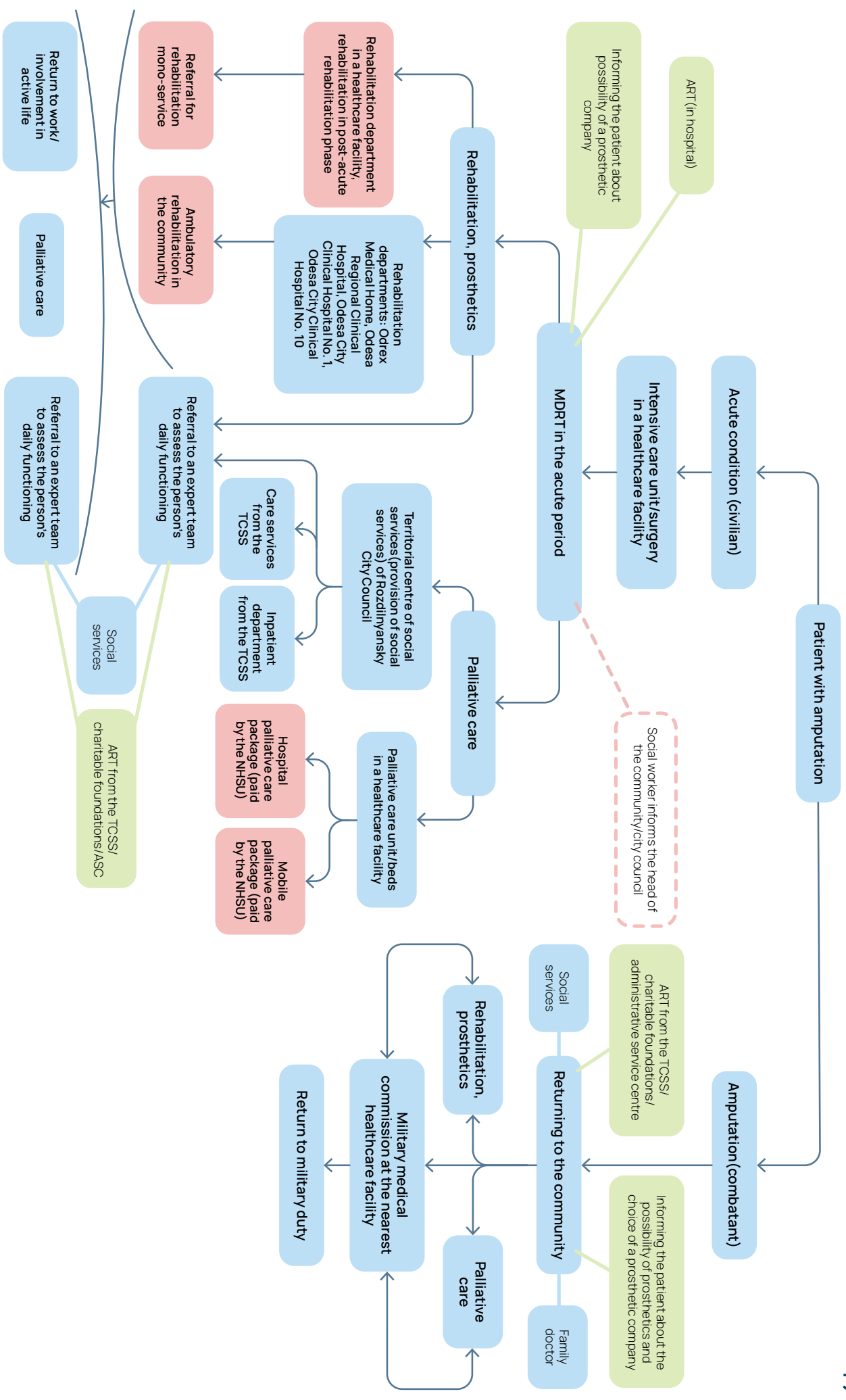
Key challenges along the pathway include:

- lack of a rehabilitation ward capable of receiving post-amputation patients for long-term rehabilitation;
- absence of structured social support to guide the patient through the system after returning home;
- low awareness among patients regarding housing adaptation applications, access to prosthetics, or transport support;
- psychosocial support is not part of the pathway and is currently provided only through non-governmental initiatives, if available at all.

During the pilot, the hromada:

- outlined the structure of the pathway for persons with amputations;
- developed a standardized housing adaptation application template;
- prepared informational materials for patients;
- highlighted the need to formalize the role of the social worker and to establish multidisciplinary support for patients with complex needs.

Once the rehabilitation ward is completed and intersectoral cooperation is strengthened, the hromada will be able to offer a much more comprehensive and higher-quality pathway for persons with amputations.



6. ACTION PLANS: implementation in hromadas

6.1 How the Action Plans Were Developed

The action plans served as a practical continuation of the patient pathways developed in the hromadas. Their purpose was to transform the pathway from a schematic concept into a real, functional tool that reflects the specific conditions, resources, and priorities of each hromada.

After finalizing the pathways, the project team initiated joint working sessions with representatives of the hromadas to “translate” the pathways into actionable steps.

These sessions involved local self-government representatives, specialists from the health, social protection, and education sectors, civil society organizations, and experts in rehabilitation and technical patient support. The action plans were developed collaboratively, based on the actual situation in each hromada.

The structure of the action plans was based on the Community-Based Rehabilitation (CBR) matrix developed by the World Health Organization (WHO) [\[6\]](#).

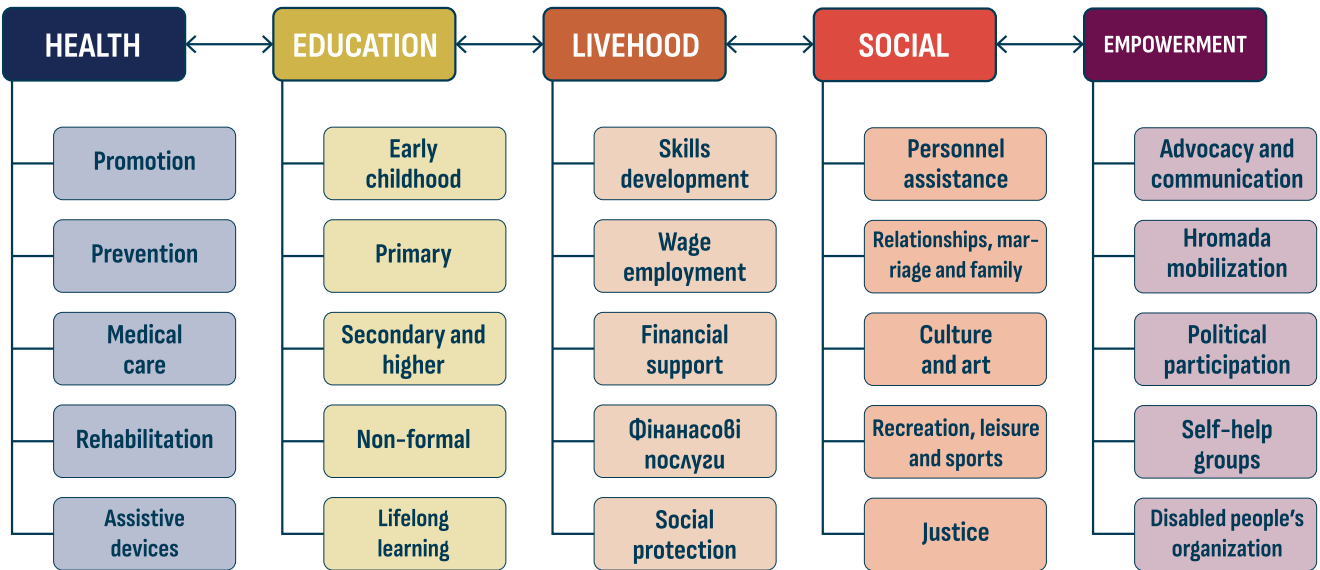


Image 1. – WHO Matrix on Community-Based Rehabilitation Development

This internationally recognized framework includes five key domains: health, education, livelihood, social services, and empowerment. This approach ensured a comprehensive structure, expanding the scope beyond purely medical interventions and placing rehabilitation within the broader context of a person's integration into community life. These components served as guiding principles when defining focus areas within each hromada.

The following factors were also taken into account:

- the hromada's current capacities (infrastructure, staffing, resources);
- the needs and gaps identified during the assessment;
- the level of engagement and readiness of key stakeholders;
- the feasibility of implementing certain solutions either within the project or independently by the hromada.

The action plans included both realistic short-term actions and long-term goals that could be achieved with additional support or resources. All activities were directly linked to specific points in the patient pathways – targeting areas identified as weak or missing.

The role of the experts was to support the hromadas in defining actions, setting priorities, interpreting the legal framework, and exploring possible implementation models. Additionally, technical support specialists were involved at certain stages to provide feedback, help gather additional information, and assess the feasibility of proposed solutions.

As a result, project experts and hromada representatives jointly developed action plans grounded in patient pathway analysis, assessment results, and the actual capacities on the ground. Each plan became a logical continuation of the patient pathway work and laid the foundation for practical steps – both within and beyond the scope of the project.

6.2 What Was Implemented

As part of the action plan implementation, the hromadas carried out a series of practical measures aimed at strengthening patient pathways. Key efforts focused on building human resource capacity, improving material and technical readiness, supporting patients, raising awareness, and activating intersectoral cooperation.

Training Activities

Each hromada participated at a series of training sessions tailored to the specific needs identified during the assessment process.

To clarify the role of family doctors within patient pathways, training was organized on conditions requiring rehabilitation, referral mechanisms, the role of primary care in pathway coordination, and access to rehabilitation services and assistive rehabilitation devices (ARDs).

To enhance the work of existing rehabilitation wards in cluster-level hospitals and prepare specialists for the full-scale launch of such wards, several training sessions were held for multidisciplinary rehabilitation teams. Topics included teamwork, intervention planning, documentation, management of common diagnoses (stroke, amputation, mine-blast injury), rehabilitation in intensive care, fundamentals of musculoskeletal rehabilitation, and pediatric rehabilitation.

For local government management teams, training was provided on organizing rehabilitation services, workforce planning, patient pathway coordination, and an adapted version of an international course on rehabilitation management.

To improve the selection and use of ARDs at every stage of the pathway, specialized training was conducted on adaptation, use, and explanation of procedures for obtaining these devices. A separate session was dedicated to prosthetics – covering the selection process, patient information, and service navigation.





For healthcare and social sector workers, communication training was conducted on explaining the essence of rehabilitation, social, and educational services – with a focus on interacting with families and community leaders.

A session on barrier-free accessibility covered the identification of physical and informational barriers, as well as navigation in medical, educational, and social facilities.

All hromadas also received access to NHSU online training courses, which complemented the offline sessions and helped consolidate knowledge.

Procurement of Equipment and Accessibility Elements

In hospitals where rehabilitation wards are already functioning or being prepared for launch, equipment was procured as part of the action plans. The selection of equipment was based on the following considerations:

- existing equipment in the hromadas, to avoid duplication;
- anticipated deliveries under the national allocation of rehabilitation equipment procured from the Special Fund of the State Budget of Ukraine for 2024, within the budget program code 2301630 “Recovery and Development of a Sustainable National Healthcare Model of Ukraine,” supported by the World Bank under the HEAL project;
- the results of the capacity and needs assessment using the project’s assessment tool;
- consultation with hromada leadership and rehabilitation department specialists.



For rehabilitation wards, the procurement included:

- around 40 units of rehabilitation furniture (adjustable tables, chairs, storage cabinets for occupational and physical therapy equipment);
- more than 80 units of physical and occupational therapy equipment: soft modules, rollers, weighted items, mirrors, hand and leg exercisers (motomed), and balance tools;
- mobility aids – walkers, crutches, canes, and wheelchairs;
- equipment for occupational therapy rooms: adapted kitchen tools, fine motor skill training sets, assessment kits, and grip strength tools;
- anti-decubitus (pressure-relief) mattresses and shower chairs, which are especially important for patients with mobility impairments.

For primary healthcare centers and social protection institutions, the following accessibility elements were procured:

- ramps, wall-mounted handrails, and anti-slip tape – to improve the accessibility of entrances, hallways, and sanitation facilities;
- navigational aids: tactile maps, Braille signage, and informational markers.

This approach to procurement enabled hromadas not only to strengthen the material and technical base of existing rehabilitation services but also to address key gaps – especially in the provision of occupational therapy, workspaces for specialists, and physical accessibility of facilities providing rehabilitation, social, or medical services.

Patient Support

As part of the pilot, technical patient support was organized in hromadas for individuals following trauma or stroke-related pathways. Project experts, in collaboration with local teams, carried out the following:

- established individual contact with patients or their families;
- assessed how well the pathway aligned with actual practices on the ground;
- provided feedback to hromada teams to adjust and refine approaches.

This component made it possible to test the pathways in real-life conditions, identify gaps, and plan targeted improvements in weaker segments.

Informational Materials

Hromadas received printed materials designed to explain:

- patients' rights to rehabilitation, medical care, and social services;
- the logic of patient pathways at both the hromada and oblast levels;
- the process of accessing assistive rehabilitation devices (ARDs), housing adaptation, and communication with primary care providers.

These materials were distributed across healthcare facilities, Administrative Service Centers (CNAPs), and social service institutions.

Tools for Continued Implementation by Hromadas

Hromadas also received a set of tools that can be used to continue their work beyond the pilot phase. These included:

- a sample application form for housing adaptation for persons with disabilities [7];
- guidelines for constructing a ramp in accordance with current accessibility standards [8];
- a list of training topics for future use;
- text templates for informational materials;
- a community capacity assessment tool for rehabilitation services, which can be reused for monitoring progress and planning future steps.

Intersectoral Cooperation

During the implementation of the action plans, all hromadas successfully activated dialogue between key sectors – including healthcare, social services, local civil society organizations, employment centers, and local self-government. This collaboration laid the groundwork for building a comprehensive approach to rehabilitation and patient support at the community level.

6.3 What Remains for the Hromadas to Improve

Despite the significant number of actions implemented, each hromada still has areas that require further work. Some of these are already planned or included in the hromadas' strategic documents, while others require additional resources, time, or partnerships to be implemented.

A key priority for all hromadas is the full launch of rehabilitation wards. In Rozdilna, renovation of the facility and team formation are ongoing. In Nizhyn, preparations are underway to transition into a new, expanded space. In Bashtanka, staffing is nearly complete, and the hromada is preparing to sign a contract with the NHSU to secure funding for rehabilitation services.



The sustainable development of human resources remains an urgent issue. Hromadas plan to organize additional training sessions for new professionals and introduce mechanisms for continuous education for those already working in the system.

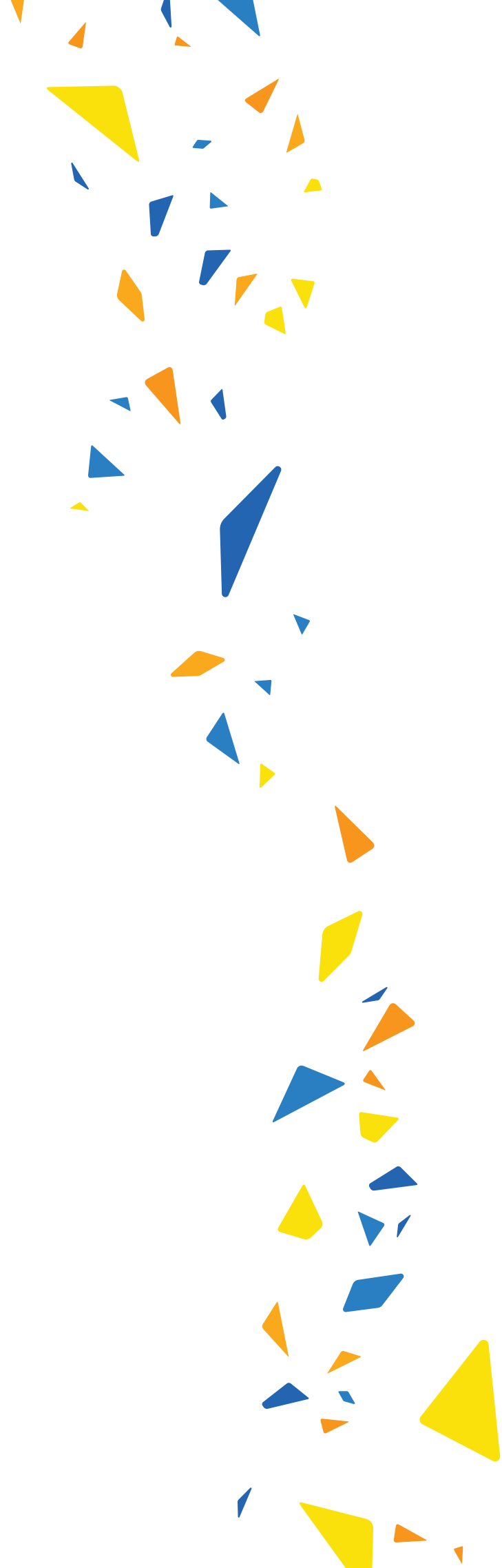
Another major task is strengthening social support for patients. This involves not only involving social services but also formally establishing the role of a coordinator or case manager – including the potential creation of a social worker position within the cluster-level hospital.

Improving physical accessibility also remains a work in progress. Tasks include the installation of ramps and the adaptation of public spaces – particularly Administrative Service Centers (CNAPs) and primary healthcare facilities.

Hromadas also expressed their intention to regularly use the assessment tool provided by the project to monitor progress, plan future actions, and update local rehabilitation policies.

An additional area for improvement is raising patient and family awareness. This includes expanding access to informational materials and increasing understanding of patient pathways, rights, and service options.

Participation in the pilot allowed each hromada to clearly identify its strengths and weaknesses, as well as to form a realistic vision for next steps. Some solutions have already been integrated into local development plans; others will require additional resources and time – but the direction is set.



7. What Changed in the Hromadas During the Pilot

Participation in the pilot not only activated progress in the field of rehabilitation but also helped hromadas take a fresh look at existing services. The focus shifted from individual professionals or institutions to the patient pathway – which requires collaboration, consistency, and predictability.

A Shared Vision of Rehabilitation Emerged

Rehabilitation began to be perceived as a comprehensive system, not just a service provided within a healthcare facility. There is now a broader understanding that the patient's pathway requires the involvement of not only medical professionals, but also social workers, educators, families, employers, and local authorities.

For many, this was the first time discussions emerged around the role of the multidisciplinary team, post-discharge support, social reintegration, and patient information.

A Local Demand for Change Was Formed

An internal demand for developing rehabilitation services appeared within the hromadas. While previously rehabilitation was often associated only with disability or sanatorium-based treatment, hromadas have now begun forming their own visions for the next steps.

In Rozdilna, active preparations are underway for opening a rehabilitation ward and improving the surrounding public space. In Bashtanka, a rehabilitation ward has already been established, staffed, and equipped. In Nizhyn, rehabilitation has become a strategic direction in local health policy, with clearly defined responsibilities.

Strengthening of Teams and Emergence of New Roles

The project helped hromadas understand what a team supporting a patient should look like: who should be involved, when, and what role the social worker plays – and why working in silos is ineffective.

During the pathway development process, the need for a coordinator emerged – someone who sees the entire patient journey.

Process Systematization and Visualization

Before the project, patient support processes were often fragmented and informal. The development of pathways enabled hromadas to see the full chain of actions and identify where it breaks.

For the first time at the local level, visual diagrams of patient pathways were created, along with informational materials distributed in hospitals, outpatient clinics, and Administrative Service Centers (CNAPs).

Hromadas also received a capacity assessment tool for ongoing use in tracking progress. Initial practical documents – such as application templates, guidelines, and patient information texts – were developed.

A Stronger Focus on Patient Needs

Within the pilot, rehabilitation came to be seen not just as a department or service, but as the journey of a specific individual.

There is now a greater emphasis on the idea that the patient is not just a recipient, but an active participant, who should know what services are available, where they are along their pathway, and where to turn next.

There is also greater awareness that without housing adaptation, accessible transport, or social support, the effectiveness of medical interventions is significantly reduced.

8. Challenges and constraints

Establishing a holistic approach to rehabilitation at the hromada level is a process that requires time, consistency, intersectoral cooperation, and the availability of qualified specialists.

Through the pilot, hromadas were able to initiate or strengthen this process, but objective limitations remain that influence both the pace and depth of progress. Some of these barriers are systemic and affect the country as a whole; others reflect specific local conditions.

8.1 Barriers to Implementing a Holistic Approach to Rehabilitation at the Hromada Level

Limited human resources

Hromadas lack specialists in physical and rehabilitation medicine, occupational therapists, speech and language therapists, and social workers with relevant competencies to support patients. Even when infrastructure and local motivation are present, the shortage of skilled professionals remains the primary constraint to launching services fully.

Low awareness among patients and families

Many people are unaware of their right to free rehabilitation and medical care. They often do not know where to turn after hospital discharge or how to access assistive rehabilitation devices. This limits not only access to services but also the demand for them from the patient side.

Weak intersectoral cooperation

Despite some successful examples, coordination mechanisms between the medical, social, and education sectors and local authorities remain underdeveloped or rely on individual proactive actors rather than formal systems.

Uneven starting conditions

Hromadas varied significantly in their level of readiness – including the existence and functionality of infrastructure, experience with multidisciplinary teamwork, staffing, and administrative support. These differences directly affected the implementation of patient pathways and the broader rehabilitation model.

Limited resources and unstable funding

Many hromadas face shortages in both equipment and budgetary support. Certain processes cannot be launched without additional assistance, long-term financial commitments, or changes in the way services are contracted and reimbursed.

8.2 How Hromadas Responded to Challenges

Despite these constraints, hromadas demonstrated the ability to adapt to local conditions and gradually shape a more systematic approach. The following solutions and practices helped them move forward:

- focusing on achievable steps that could be implemented with existing resources – such as updating patient pathways, developing materials, and conducting local training sessions;
- support from motivated individuals – including representatives of local self-government (LSG), coordinators, and local professionals who were willing to engage in the process at the hromada level;
- relying on the expert support of the project team – gaining access to consultations and adapting proposed solutions to local realities;
- showing flexibility and openness to change, including the willingness to revise approaches based on real-world patient support experience.

9. Practical recommendations

9.1 If You Are Planning to Implement Patient Pathways in a Hromada

- Start with how the patient actually moves through the system, not how it “should be.” This will help identify not only gaps but also working solutions.
- Involve not only healthcare professionals but also social services, Administrative Service Centers (CNAPs), educational institutions, local self-government bodies, civil society organizations, and representatives of patient communities in discussions.
- Visualize the pathway and revisit it regularly — it is not a one-time document but a management tool.

9.2 If You Are Developing an Action Plan

- Focus not only on what is “needed,” but on what can realistically be done in the near term. Three implemented actions are better than ten written down.
- Use the WHO Community-Based Rehabilitation (CBR) matrix [6] or similar frameworks — this helps avoid reducing rehabilitation to medical interventions only.
- Keep in mind that some solutions are about coordination and communication, not just services and equipment.

9.3 If You Are Building a Team and Intersectoral Collaboration

- Clearly define who coordinates the rehabilitation process at the hromada level. This could be a representative of a healthcare facility, social service, or local authority.
- Avoid duplication and “parallel work”: it’s important that team members understand each other’s functions and maintain regular communication.
- Formalize at least basic mechanisms for interaction – joint meetings, information exchange, and participation in developing patient pathways.

9.4 If You Want to Empower the Patient as a Participant in the Process

- Provide basic information in a clear format – what, where, when, and how to access services. Explain what evidence-based-rehabilitation actually includes.
- Establish a contact person or communication channel within the hromada that people can reach out to with rehabilitation-related questions.
- If possible, involve patients or their family members in service planning and in checking how the pathway actually works.
- Don’t focus only on the hospital – the patient has the right to ongoing support, assistance, an accessible environment, and a return to full life after discharge.

10. Conclusions and next steps

10.1 What the Pilot Demonstrated

The pilot project confirmed that **rehabilitation can be organized at the community level** – provided that the hromada views it not as a standalone service, but as part of a broader societal process: recovery, integration, and participation.

The patient **pathways** developed and tested in the three hromadas demonstrated that even under challenging conditions, it is possible to build a logical system of support, define the roles of various services, and initiate intersectoral cooperation.

The development of **action plans** enabled hromadas to move beyond isolated solutions and outline a long-term direction for development. The pilot also demonstrated that **multidisciplinarity, intersectorality, and patient-centeredness** are not abstract principles – they are practical guidelines that transform approaches to rehabilitation at the local level.

10.2 Project Team’s Perspective:

Rehabilitation at the Hromada Level Is an Investment in People

Rehabilitation is not only a medical process – it is a key element of a person’s recovery, maintaining their quality of life, and enabling their return to active participation in the hromada. It must be available where people live, ensuring timely recovery, familiar surroundings, and family support.

Rehabilitation Close to Home

Everyone who needs rehabilitation should be able to access it within their hromada. This includes not only rehabilitation, but also prosthetics, social support, inclusive education, and employment opportunities. These services must be coordinated at the local level. This is especially important for the reintegration of a large number of veterans with injuries into civilian life. People are the main resource of a hromada, and their ability to return, stay, work, study, and be active citizens depends on the accessibility of these services.

Opportunities for Individuals – Development for the Hromada

Hromadas that create conditions for rehabilitation and social support become stronger – both economically and socially. People who receive quality support, along with their families, return to work, start businesses, support loved ones, and contribute to community development. This is vital for both veterans and civilians needing rehabilitation after illness, injury, or difficult life circumstances.

Strengthening, Not Building

Inpatient rehabilitation should be based on a capable network of healthcare facilities. Outpatient rehabilitation should be delivered by healthcare providers and as a standalone service in coordination with family doctors. Investment should focus not on new buildings, but on training professionals – because it’s people, not walls, who help others recover. Strengthening multidisciplinary teams – including physical therapists, occupational therapists, psychologists, social workers, and physicians – must become a priority for hromadas, alongside the development of social services.

An Inclusive Environment Means More Than Accessibility

Hromadas should create environments where all residents feel comfortable. This is not only about architectural accessibility but also about attitudes toward people with disabilities, support for families, and respectful communication. It's important to promote social adaptation programs, mental health support, and access to employment and education.

Next Steps:

- Develop rehabilitation services through specialist training, creation of multidisciplinary teams, and implementation of standalone rehabilitation services.
- Expand access to recovery for veterans and persons with disabilities, including education, employment, and social adaptation, through cross-sectoral coordination.
- Create inclusive spaces by removing physical barriers, fighting stigma, and raising awareness within the hromada.

Rehabilitation at the hromada level is not just a medical service – it is the foundation of a strong society where every person has the opportunity to recover, work, study, and participate in community life.

Hromadas that provide these conditions not only support their residents – they build a resilient future for all.

10.3 What's Next: Needs, Resources, and Readiness

The hromadas involved in the pilot are concluding it with a clear understanding of their next steps. Among the key identified needs are:

- **Strengthening human resources** – through continuous professional development, creation of new positions, incentives for specialists to work in the hromada, and strengthening of multidisciplinary teams.
- **Institutionalizing patient pathways** – integrating them into local policies, ensuring regular updates and ongoing monitoring.
- **Ensuring access to rehabilitation within the hromada** – by contracting with the NHSU, launching outpatient services, and improving transportation accessibility and the physical environment.
- **Institutionalizing intersectoral cooperation** – establishing sustainable formats for collaboration, joint planning, and shared responsibility.
- **Patient awareness and engagement** – by creating clear patient pathways, developing accessible informational materials, setting up entry points, and feedback mechanisms.

The hromadas now have both a conceptual and practical foundation to continue expanding their local rehabilitation service networks. The pilot is complete, but the process has begun – and it is continuing as part of a new quality of life in these communities.

Annex. Assessment Tool (Methodology)

Methodology of the rehabilitation capacity assessment tool for target communities within the framework of the project “The Community-Based Rehabilitation in Ukraine: Piloting of the Holistic Rehabilitation Approach in Target Communities”, funded by the European Union, implemented by the CF “Patients of Ukraine” and implemented by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH within the framework of the “Special Support Programme for Ukraine / EU4ResilientRegions”

Assessment tool for the rehabilitation capacity of three target communities within the project “The Community-Based Rehabilitation in Ukraine: Piloting of the Holistic Rehabilitation Approach in Target Communities” was created to collect data on the current state of rehabilitation services, identify key issues and gaps, the analysis of which will allow further development of effective action plans and rehabilitation routes for patients in the three target communities.

Target communities of the project:

- Bashtanska United Territorial Hromada, Mykolaiv region;
- Rozdilnyanska United Territorial Hromada, Odesa Oblast;
- Nizhynska United Territorial Hromada, Chernihiv region.

Objectives of the assessment:

- collecting data from different target audiences involved in the providing of rehabilitation services in the hromada, as well as those who have or could have access statistical information relevant to the evaluators (e.g. morbidity data);
- identify the current state of rehabilitation service provision;
- assessment of hromada resources, accessibility and rehabilitation capacity;

- identify needs and gaps in rehabilitation service provision;
- use the results of the assessment to develop action plans for the development of rehabilitation capacities and build rehabilitation routes at the hromada level.

Development and approval of the assessment tool

The development of the assessment tool was based on international documents, in particular:

- CBR Guidelines as a Tool for Community Based Inclusive Development [\[4\]](#);
- WHO Rehabilitation 2030 Framework [\[3\]](#);
- Template for Rehabilitation Information Collection (TRIC): A tool accompanying the Systematic Assessment of Rehabilitation Situation (STARS) [\[5\]](#);
- CBR MATRIX [\[6\]](#).

At the first stage, the project experts analysed these documents, on the basis of which the first draft of the questionnaire was developed. In the process of consultations with representatives of the rehabilitation sector, social sphere and veterans' organisations, this draft was supplemented and adjusted.

The next stage was a face-to-face meeting with representatives of three communities (hromada heads, representatives of the medical and social sectors, local NGOs, and employment centres), which took place on 24-25 October 2024 in Ivano-Frankivsk and Kalush.

The meeting provided information on the current situation in the communities, their capacities and needs, which was used to revise and finalise the assessment tool.

The final stage involved agreeing on the assessment tool with national stakeholders, including:

Vasyl Strilka, Director General of the Directorate of High-Tech Medical Care and Innovation, Ministry of Health.

Olena Kulchytska, Advisor to the Minister of Social Policy.

Antonina Kumka, Director General, Protez Hub Charitable Foundation.

Tetiana Baryshok, Head of the Board of the All-Ukrainian Association of Physical Therapists.

Kateryna Pryimak, Deputy Head of the NGO 'Women's Veteran Movement'.

Tetyana Lomakina, Advisor to the Presidential Commissioner on Barrier-Free Access at the Office of the President of Ukraine.

After approval, all sections of the assessment tool were ready for use.

Participants in the assessment:

Evaluators: Involved experts who are specialists in rehabilitation conduct the assessment using the tools described in this document and prepare an analysis of the results with further development of action plans and rehabilitation routes for patients

Respondents (community-based stakeholders): heads of healthcare facilities of state, municipal and private ownership, heads of structural units of healthcare facilities, representatives of local self-government (hromada leaders), representatives of the social sphere at the hromada level, representatives of NGOs, healthcare professionals providing rehabilitation services.

Data collection tools:

5 online questionnaires on the Google Forms platform for respondents. It takes up to 45 minutes to complete one questionnaire.

EVALUATION STRUCTURE ACCORDING TO TARGET AUDIENCES

1. Healthcare facilities in the target communities

Questionnaire of primary healthcare facilities and secondary care hospitals regarding:

- general information about the facility and the person filling in the form (Section 1);
- the current state of organisation and provision of rehabilitation services in HCFs, as well as the presence or absence of coordination between HCF units providing acute care and rehabilitation units of certain HCFs (Section 2);
- financing of rehabilitation services in HCFs (Section 3);
- assessment of human resource potential and determination of the need to provide the facility with specialists to provide rehabilitation services, if such services are provided in the facility (Section 4);
- available capacities for rehabilitation services (bed capacity, availability of outpatient rehabilitation services, availability of specialists providing rehabilitation services as private individuals in the office, at the patient's place of residence/hromada), as well as existing barriers and obstacles to the provision of existing and development of potential rehabilitation services (Section 5);
- accessibility of assistive technologies and rehabilitation aids, as well as assessment of barriers to their provision to the population (Section 6);
- studying the available material and technical support of HCFs and the needs for rehabilitation equipment, as well as for ensuring a barrier-free environment (Section 7);
- information on related services and emergency preparedness (Section 8);
- the provider's compliance with the principles of continuity and patient-centredness in the provision of rehabilitation services (examination, planning, intervention, evaluation of effectiveness, provision of recommendations), as well as the presence or absence of effective communication between doctors of related HCF units (Section 9);
- subjective assessment of the quality of rehabilitation services, if any, provided by the facility, as well as the level of knowledge and competence of professionals providing such services in the HCF (Section 9);
- information on the needs, directions and plans for the development of the team and rehabilitation services, including collecting information on the presence or absence of a development strategy, existing barriers and potential "growth points" (Section 10).

Section 1. General information about the institution and the person filling out the questionnaire

Nº	Question	Format	Predefined Options
1	Name of the United Territorial Hromada	Single-choice	Nizhyn Territorial Hromada Bashtanka Territorial Hromada Rozdilna Territorial Hromada
2	Full Name of the Respondent	Text Field	
3	Position	Text Field	
4	Education (Specialty, Qualification)	Text Field	
5	Full Name of the Institution	Text Field	
6	Ownership Type of the Institution	Text Field	
7	Email Address	Text Field	
8	Contact Phone Number	Text Field	
9	I consent to the processing of the information I have provided and confirm my understanding of the purpose of data collection	Text Field	

Section 2. Assessment of the Organization and Provision of Rehabilitation Services

Nº	Question	Format	Predefined Options
2.1	Which age groups does your facility provide services for?	Multi-select	Adults Children
2.2	Are rehabilitation services provided at your facility? If YES, DETAIL which services. If NO, specify your facility's PLANS for organizing rehabilitation.	Text Field	
2.3	How long have rehabilitation services been provided at your facility (in months)?	Text Field	
2.4	Is a rehabilitation department organized within your facility?	Single-choice	• Yes • No, and we do not plan to establish one • No, but we plan to establish one

2.5	Which health condition categories most frequently receive rehabilitation services at your facility? If no services are provided, which conditions need them most?	Multi-select	• Trauma (e.g., fractures, amputations, combat injuries) • Non-communicable diseases (e.g., cancer, COPD) • Stroke • Spinal cord injuries • Traumatic brain injuries • Vision loss • Hearing loss • Age-related conditions (e.g., dementia) • Neurological conditions in children • Mental health disorders in adults • Musculoskeletal issues (e.g., back pain, osteoarthritis) • Other information related to rehabilitation needs and demand • ICU rehabilitation • I do not have information
2.6	Does your facility have reporting processes and/or monitoring systems for rehabilitation needs or services? If YES, please provide details.	Text Field	
2.7	Are there early childhood support programs (early rehabilitation)?	Single-choice	Yes No
2.8	If yes, list which services are provided.	Multi-select	• Assessment (early detection) • Referral to necessary specialists • Support with rehabilitation pathways • Implementation of therapy plans • Parental education
2.9	Are there mechanisms in your facility for coordinating patient pathways and collaborating with service providers (e.g., case management)? If YES, provide details.	Text Field	
2.10	Is rehabilitation included in your facility's medical service planning processes? If YES, describe how planning occurs.	Text Field	

Section 3. Financing of rehabilitation

Nº	Question	Format	Predefined Options
3.1	What financial constraints affect the provision or expansion of rehabilitation services?	Text Field	Adults Children
3.2	What are the main mechanisms for financing rehabilitation services in the facility?	Text Field	
3.3	What rehabilitation services does the patient pay for at the facility at their own expense? What are the typical costs of rehabilitation in your facility?	Text Field	

Розділ 4. Кадрове забезпечення та людські ресурси

Nº	Question	Format	Визначені опції
4.1	How many rehabilitation and rehabilitation-related professionals work in the healthcare facility?	Table with answer options	0,1,2,3,4 and more: • Doctor of Physical Rehabilitation Medicine • Physical therapist • Occupational therapist • Assistant physical therapist/ergotherapist • Speech and language therapist. • Speech and language therapist • Psychologist • Prosthetist-orthotist • Rehabilitation nurse • Social worker • Peer educator • Massage nurse • Physiotherapist • * Other
4.2	What other specialists provide rehabilitation services in HCFs?	Text Field	

4.3	Number of rehabilitation specialists and rehabilitation-related specialists in the department?	Table with answer options	0,1,2,3,4 and more: • FRM doctor • Physical therapist • Occupational therapist • Assistant to a physical therapist/ergotherapist • Speech and language therapist • Speech and language therapist • Psychologist • Prosthetist-orthotist • Rehabilitation nurse • Social worker • Peer educator • Massage nurse • Physiotherapist • * Other
4.4	How many patients are provided with rehabilitation services per week on average?	Single-choice	• Less than 10 • 10-20 • 21-50 • 51-100
4.5	What types of rehabilitation services and interventions does the facility provide?	Multi-select	• Examination by a FRM doctor for adults • Examination by a FRM doctor for paediatric patients • Examination by a physical therapist • Examination by an occupational therapist • Examination by other rehabilitation specialists • Consultation by a FRM doctor • Consultation by a physical therapist • Consultation with an occupational therapist • Consultation of other rehabilitation specialists • Speech and language therapy • Prosthetics and orthotics services • Services of a social worker • Services of a psychologist / psychotherapist • Rehabilitation nurse services • Physical therapy/ergotherapy for diseases of the nervous system • Physical therapy/ergotherapy after injuries of the musculoskeletal system • Physical therapy/ergotherapy after surgical interventions • Physical therapy/ergotherapy in cardiology • Physical therapy/ergotherapy in oncology

			• Physical therapy in intensive care • Rehabilitation in case of respiratory diseases • Hardware physiotherapy (as a separate service) • Massage (as a separate service) • Spasticity management • Bladder and bowel management (in case of spinal cord and spinal cord injuries) • Selection of remote sensing equipment, its adjustment and training in its use. • * Other (please specify below)
4.6	*4.6. Your option for providing rehabilitation services and interventions, if not listed above		

Section 5. Provision of rehabilitation services

№	Питання	Format	Визначені опції
5.1	What is the total number of rehabilitation beds for adults available in your healthcare facility? Please provide the following information:	Text Field	Under NHSU package 23 Other Total number
5.2	What is the total number of rehabilitation beds for adults available in your healthcare facility? Please provide the following information:	Text Field	Under NHSU package 23; Under NHSU package 25; Other; Total number.
5.3	Does your institution provide outpatient rehabilitation services under the Program of Medical Guarantees (PMG) for 2024?	Table with answer options	Adults Children Yes No
5.4	Please list where outpatient rehabilitation is provided (healthcare facilities, offices, institutions, private individuals) outside the PMG package.	Text Field	
5.5	Please list WHERE or BY WHOM rehabilitation is provided at the place of residence and/or in the hromada (healthcare facilities, offices, institutions, private individuals).	Text Field	

5.6	Is rehabilitation provided in schools or other educational institutions? If YES, please name these institutions and specify the categories of health conditions they address.	Text Field	
5.7	Are there rehabilitation programs in the hromada for children and adults with specific health conditions (e.g., cerebral palsy, traumatic brain injury, vision impairments, etc.)? If yes, please specify which programs.	Text Field	
5.8	Are there specific challenges in collaboration with other sectors (social services, education, transportation, patient routing within the oblast and hromada, etc.)?	Text Field	
5.9	What problems or barriers does your institution face in providing rehabilitation services?	Text Field	
5.10	What are the main obstacles hindering the development or expansion of rehabilitation services in the hromada?	Text Field	

Section 6. Assistive Technologies/Assistive Rehabilitation Means

Nº	Question	Format	Predefined Options
6.1	Are the following types of rehabilitation means (assistive devices) available for patients in your facility (regardless of the source of supply)?	Table with answer options	• Yes • No • Mobility • Vision • Hearing/Communication • Self-care/Cognition
6.2	If rehabilitation means are available in the facility, please specify the sources of supply for these devices.	Text Field	
6.3	Are rehabilitation means available in the facility under Cabinet of Ministers Resolution No. 1301? Who is responsible for providing rehabilitation means under Cabinet of Ministers Resolution No. 1301 in the facility? Please provide contact details. If not applicable, please indicate «-».	Text Field	

6.4	Please specify the individuals responsible for providing different types of rehabilitation means in your facility: 1. Mobility 2. Vision 3. Hearing/Communication 4. Self-care/Cognition If not applicable, please indicate «-».	Text Field	
6.5	Sources and mechanisms of financing for rehabilitation means in the facility. If not applicable, please indicate «-»	Text Field	
6.6	Name the three main categories of individuals with health conditions who receive rehabilitation means in the facility. If not applicable, please indicate «-».	Text Field	
6.7	Does your facility have an assistive technology office/room?	Одиничний вибір	Yes No
6.8	Does your facility collaborate with providers of prosthetics and prosthetic repair services? If not, please indicate «-». If yes, please specify the facilities and provide contact details.	Text Field	
6.9	Please specify the problems and barriers in providing rehabilitation means in your facility.	Text Field	

Section 7. Rehabilitation Infrastructure and Equipment

Nº	Question	Format	Predefined Options
7.1	Has an accessibility (barrier-free) analysis been conducted for the facilities providing rehabilitation services? If such an analysis exists, please attach the document to the questionnaire.	Uploading a file	

7.2	In the absence of a barrier-free analysis, please evaluate the accessibility of the following: 1. Entrance to the facility (availability of accessible pathways, ramps, handrails, door width, etc.) 2. Movement within the facility and access to the department (floor level, availability of elevators, signage, accessibility of information about services, etc.) 3. Barrier-free design of the department (toilets, showers, doorways, signage, thresholds, etc.)	Text Field	
7.3	What lack of rehabilitation equipment complicates or prevents the provision of high-quality rehabilitation services?	Text Field	
7.4	Does the facility have accessible and safe sheltering areas (including for the rehabilitation department) for low-mobility patients in case of intensified military actions?	Single-choice	Yes No
7.5	Please upload the list of available rehabilitation equipment in your facility.	Uploading a file	
7.6	What logistical solutions are available for patients to access rehabilitation services in the hromada (transportation services, specialized transport, etc.)?	Text Field	

Section 8. Emergency Preparedness and Information on Related Services

Nº	Question	Format	Predefined Options
8.1	Are established referral pathways (including for rehabilitation patients) in place in case of intensified military actions or emergency situations?	Single-choice	Yes No
8.2	What support services for veterans/military personnel and their families are available in your facility?	Text Field	
8.3	What is the format of your facility's collaboration with social service providers?	Text Field	

Section 9. Information on the Evaluation of the Quality of Rehabilitation Services and Teams (if applicable)

Nº	Question	Format	Predefined Options
9.1	How are individual rehabilitation plans developed for specific patients?	Multi-select	• Multidisciplinary team approach • Led by a doctor • Led by any rehabilitation specialist (as needed) • Patient-centered approach • Independent contributions from each specialist • Difficult to say • Other (please specify)
9.2	Please specify your approach to developing individual rehabilitation plans in your facility.	Text Field	
9.3	How are patient outcomes measured and monitored?	Multi-select	• Patient-reported outcomes • Length of stay • Results of functional assessments • Not measured or monitored • Other (please specify)
9.4	Please specify your approach to measuring and monitoring patient outcomes in your facility.		
9.5	How are patients and their families involved in the rehabilitation process in the rehabilitation department?	Multi-select	• Regular family meetings • Educational sessions (including family sessions) • Involvement in goal-setting • Progress reports • Episodically/spontaneously • Not involved • Other (please specify)
9.6	How does collaboration with other medical professionals in the hospital take place to provide comprehensive care for patients?	Multi-select	• Regular multidisciplinary meetings • Shared electronic medical records • Joint care plans for patients • Shared training sessions • Involvement of rehabilitation specialists in other departments • Involvement of doctors from other departments in the rehabilitation department • Presentations of the rehabilitation department's work in various formats

			• Episodically/spontaneously • Not applicable • Other (please specify)
9.7	Please specify your facility's approach to collaboration with other medical professionals in the hospital to provide comprehensive care for patients.	Text Field	
9.8	How does the healthcare facility (or rehabilitation department) support the transition of patients to home-based care after discharge?	Multi-select	• Providing informational materials about hromada resources • Referring patients to hromada-level services • Regular communication with service providers at the place of residence • Does not ensure support • Other (please specify)
9.9	Please specify your facility's approach to supporting the transition of patients to home-based care after discharge.	Text Field	
9.10	How would you rate the overall quality of rehabilitation services provided by the rehabilitation department?	Single-choice	1 - Low 2 - Unsatisfactory 3 - Satisfactory 4 - Good 5 - Excellent
9.11	How would you rate the overall level of professional knowledge of rehabilitation specialists in the department?	Single-choice	1 - Low 2 - Unsatisfactory 3 - Satisfactory 4 - Good 5 - Excellent
9.12	How does the rehabilitation department (or healthcare facility) provide staff with the necessary resources to deliver high-quality care?	Multi-select	• Access to the latest technologies and equipment • Adequate staffing levels • Opportunities for professional development • Consideration of needs and development planning (equipment procurement, training, staff expansion, etc.) • Episodically/spontaneously • Not determined • Other (please specify)

Section 10. Information on the Needs, Directions, and Plans for the Development of the Team and Rehabilitation Services

Nº	Question	Format	Predefined Options
10.1	Does the department have a strategic development plan?	Single-choice	• No • Partly • Yes
10.2	Please specify the weaknesses of the department.	Text Field	
10.3	Please specify the strengths of the department.	Text Field	
10.4	Please specify the gaps in knowledge and skills regarding rehabilitation directions and/or interventions of the rehabilitation specialists in the department.	Text Field	
10.5	What do you think is the biggest issue with rehabilitation services in your region?	Multi-select	• Lack of rehabilitation staff in general • Lack of funding • Access to technology and equipment • Low quality of graduates in Physical Therapy, Occupational Therapy • Lack of qualified speech and language therapists • Lack of qualified Physical and Rehabilitation Medicine (PRM) doctors • Lack of qualified rehabilitation nurses • Lack of qualified psychologists • Lack of qualified prosthetists-orthotists • Lack of support • Insufficient number of rehabilitation places, reducing accessibility to rehabilitation services for patients • Low awareness of rehabilitation services and their capabilities among the population

			• Lack of coordination between different rehabilitation facilities and specialists, complicating the provision of integrated services • Lack of individualized patient care, which can hinder the rehabilitation process • Lack of post-rehabilitation support, which may lead to relapses and deterioration of health • Lack of information about available rehabilitation services and their provision process • Lack of control over the quality and effectiveness of rehabilitation services • Other (please specify)
10.6	Which type of rehabilitation services do you think is most necessary for development or improvement in your department?	Text Field	
10.7	How can rehabilitation services be made more accessible to patients in your region?		• Mobile rehabilitation points • Telemedicine services • Transportation services • Development of community-based rehabilitation • Development of home-based rehabilitation • Increasing the number of rehabilitation beds in departments • Extensive patient awareness regarding rehabilitation services, pathways, etc. • Extensive awareness for family doctors and specialists regarding rehabilitation services, pathways, etc. • Other (please specify)
10.8	How can rehabilitation services in the rehabilitation department of your healthcare facility be improved for patients with complex medical needs?		• Specialized training for staff • Collaboration with other medical professionals • Access to more specialized equipment • Other (please specify)
10.9	Are there plans to open additional rehabilitation packages in your healthcare facility? If yes, please specify which ones.	Text Field	

10.10	What types/forms of training do you think are most useful/priority for rehabilitation specialists in your healthcare facility?	List of types/forms of training with priority levels.	1 - Not relevant; 2 - Somewhat relevant; 3 - Hard to say; 4 - Relevant; 5 - Very relevant • Training organized by NHSU • Training from professional organizations • Training organized based on the department's specific request • 1-2 day in-person training • 3-6 day in-person training • Online training (with instructor support) • Hybrid training (part online, part in-person) • Webinars • Clinical case discussions with experts • Online courses • Other
10.11	Please indicate how relevant the following professional development topics are for the department and healthcare facility specialists:	List of types/forms of training with priority levels.	1 - Not relevant; 2 - Somewhat relevant; 3 - Hard to say; 4 - Relevant; 5 - Very relevant • Working in a multidisciplinary team • Rehabilitation department management • Communication for rehabilitation specialists • Basic knowledge of rehabilitation for neurological diseases • Basic knowledge of rehabilitation for injuries and orthopedic diseases • Basic knowledge of respiratory rehabilitation • Basic knowledge of acute rehabilitation (including resuscitation) • Basic knowledge of rehabilitation for amputations • Basic knowledge of rehabilitation for burns • Basic knowledge of pediatric rehabilitation • Basic knowledge of oncology rehabilitation • Basic knowledge of rehabilitation in surgery • Basic knowledge of rehabilitation in cardiology • Advanced topics in rehabilitation for neurological diseases • Advanced topics in rehabilitation for injuries and orthopedic diseases • Advanced topics in respiratory rehabilitation • Advanced topics in acute rehabilitation (including resuscitation) • Advanced topics in rehabilitation for amputations • Advanced topics in rehabilitation for burns • Advanced topics in pediatric rehabilitation • Advanced topics in oncology rehabilitation • Advanced topics in rehabilitation in surgery • Advanced topics in rehabilitation in cardiology

			• The role of the rehabilitation nurse • Basic topics in physical therapy • Basic topics in occupational therapy • Basic topics in speech and language therapy • Advanced topics in physical therapy • Advanced topics in occupational therapy • Advanced topics in speech and language therapy • Biopsychosocial approach and use of the ICF • Documentation in rehabilitation • Use of assessment tools in rehabilitation • Other
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After collecting the information using the questionnaire, the need for equipment was further clarified by a rehabilitation specialist involved in the project. This was done through phone calls to the heads of the healthcare facilities that had submitted the relevant requests (if necessary, the information could also be coordinated with other responsible persons involved in organising the work of rehabilitation units).

The received list of equipment was finalised by experts to avoid duplication of equipment supplies from other sources (public procurement, charitable initiatives, etc.).

After that, the revised list of equipment was re-verified with hromada representatives, and then handed over to the project's procurement experts for further implementation.

2. Local government representatives (hromada leaders)

Data (quantitative and qualitative) will be collected from local government representatives to assess the needs, capacities and organisation of rehabilitation services through a questionnaire (qualitative data) and filling in the "Quantitative Data Collection Form" (quantitative data).

Survey of local government representatives, including hromada leaders will focus on collecting the following information:

- general information about the respondent (name, position, phone number, e-mail), the hromada (name of the ATC, population, age distribution, disability statistics, number of veterans) (Section 1);

- information on the rehabilitation needs of the hromada based on the following data: statistics on injuries (spinal, brain, musculoskeletal injuries); non-communicable diseases that affect the quality and duration of life and often lead to permanent disability (diabetes mellitus, cardiovascular diseases, oncological diseases) incidence of acute cerebral stroke (cerebral infarction, non-traumatic intracerebral haemorrhage); number of people with hearing loss; number of people with vision loss; number of people with age-related conditions (dementia); prevalence of organ and system development disorders in children; prevalence of mental disorders. Assessment of the hromada's capacity to provide palliative care services (bed capacity of palliative care facilities of all forms of ownership and subordination, taking into account all possible ways of financing such services), number of people who actually received palliative care services in 2024 (Section 2);
- general information about: the needs of the hromada population for rehabilitation services, availability of facilities for rehabilitation services, availability of patient routes, availability of persons responsible for the development of rehabilitation services in the hromada, as well as assessing the quality of their provision, responsible for implementing the barrier-free strategy (if any) (Section 3);
- funding of rehabilitation services by the hromada (targeted funding of rehabilitation services outside the Medical Guarantee Programme, financial constraints that hinder the development of rehabilitation). Hromada capacity to provide outpatient and inpatient rehabilitation services to children and adults (total bed capacity of inpatient facilities of all forms of ownership and subordination, taking into account all possible sources of funding for their activities, availability and number of places for outpatient rehabilitation services). Barriers to the development of community-based rehabilitation services (Section 4);
- availability of Assistive Rehabilitation Devices for the hromada residents, as well as mechanisms and ways of their delivery to end users, barriers to the provision of ARD to the hromada residents (Section 5);
- general information on the hromada's rehabilitation infrastructure (availability of a map of rehabilitation services, logistical solutions to facilitate the receipt of rehabilitation services by the hromada population, including transportation to places of care), availability of a strategy for the development of rehabilitation infrastructure and barrier-free access (Section 6);
- information on related support services provided in the hromada (availability of support programmes in difficult life circumstances, employment programmes for people with disabilities, inclusive education programmes, data on NGOs that deal with vulnerable groups) (Section 7).

Quantitative data on the hromada profile will be obtained through the Quantitative Data Collection Form.

Section 1. General information about the person filling in the questionnaire

Nº	Question	Format	Predefined Options
1	Name of the territorial Hromada	Single-choice	Nizhyn Territorial Hromada Bashtanka Territorial Hromada Rozdilna Territorial Hromada
2	Total Population in the Hromada	Text Field	
3	Name of the person filling in the form	Text Field	
4	Position	Text Field	
5	Place of work	Text Field	
6	Education	Text Field	
7	Email address	Text Field	
8	Contact phone number	Text Field	
9	Age Distribution of the Population (can be in absolute numbers or % of the hromada population): 1) 0-3 2) 4-18 3) 19-60 4) 60+	Text Field	
10	Disability Status (number of individuals): 0-3 4-18 19-60 60+	Text Field	
11	Number of Veterans in the Hromada	Text Field	
12	I give my consent to the processing of the information I have provided and confirm my understanding of the purpose of data collection	Single-choice	yes no

Section 2. REHABILITATION NEEDS

Please provide quantitative information about individuals in your Hromada with the following conditions:

Nº	Question	Format	Predefined Options
2.1	Trauma (Over the past year and the last three years) 1. Road Traffic Accidents (RTA) 2. Burns 3. War-related Injuries 4. Domestic Injuries 5. Amputations	Text Field	
2.2	Non-Communicable Diseases (Over the past year and the last three years) (1) Cancer (2) Diabetes (3) Cardiovascular Diseases (CVD) (4) Respiratory Diseases (RD)	Text Field	
2.3	Acute Stroke (Includes brain infarctions and non-traumatic intracerebral hemorrhages) (Over the past year and the last three years)	Text Field	
2.4	Spinal Cord Injuries (Traumatic and non-traumatic origins: spinal trauma, neurodegenerative diseases, consequences of infectious diseases affecting the spinal cord) (Over the past year and the last three years)	Text Field	
2.5	Spinal Cord Injuries: (Number of individuals in the hromada, by age)	Text Field	
2.6	Individuals with Vision Loss: (Number in the Hromada, by age)	Text Field	
2.7	Individuals with Hearing Loss: (Number in the hromada, by age)	Text Field	
2.8	Age-Related Conditions (e.g., Dementia): (Number in the hromada, by age)	Text Field	

2.9	Prevalence of Developmental and Neurological Disorders in Children (% of the population, if available): (1) Intellectual Disabilities (2) Developmental Delays (3) Autism Spectrum Disorders (4) Cerebral Palsy (5) Spina Bifida (6) Epilepsy	Text Field	
2.10	Prevalence of Mental Health Disorders in Adults (Number in the target hromada, by age): (1) Depression (2) Schizophrenia (3) Bipolar Disorders (4) Other	Text Field	
2.11	Musculoskeletal Disorders (Over the past year in the target hromada): (1) Back Pain (2) Arthritis and Arthrosis (4) Other	Text Field	
2.12	Additional Information on Rehabilitation Needs and Demand in the Target Hromada	Text Field	
2.13	Palliative Care Services in the Target Hromada. Palliative Care Services in the Target Hromada. 1. Public and municipal facilities contracted with the National Health Service of Ukraine (NHSU) to provide relevant services in 2024 (list the facilities and specify the number of beds). 2. Private facilities contracted with the National Health Service of Ukraine (NHSU) to provide relevant services in 2024 (list the facilities and specify the number of beds). 3. Private facilities providing relevant services funded by individuals and legal entities (list the facilities and specify the number of beds). 4. Facilities of other forms of ownership and subordination, whose activities are funded from alternative sources (charitable foundations, religious organizations, etc.).	Text Field	

2.14	Palliative Care Services in the Target Hromada. How many patients received palliative care services over the last year? Inpatient Care: Number of patients treated in a hospital setting. 2. Home-Based Care: Number of patients who received services at their place of residence (via mobile palliative care teams).	Text Field	
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Section 3. Information on Rehabilitation

Nº	Question	Format	Predefined Options
3.1	Which population groups are most in need of rehabilitation services?	Text Field	
3.2	What rehabilitation services are currently available in your hromada?	Text Field	
3.3	Is rehabilitation included in the medical services planning process? If yes, please describe how this has been implemented.	Text Field	
3.4	Is there a position in the department structure responsible for rehabilitation? If yes, please provide detailed information about this/these individual(s).	Text Field	
3.5	Are there reporting processes and/or monitoring systems for the needs or provision of rehabilitation services? If yes, please provide detailed information about them	Text Field	
3.6	Are there reporting processes and/or monitoring systems for the needs or provision of rehabilitation services? If yes, please provide detailed information about them	Text Field	
3.7	Is there a person responsible for implementing the Barrier-Free Strategy in the hromada? If yes, who is it? Please provide contact details.	Text Field	

Section 4. Financing and provision of rehabilitation services

Nº	Question	Format	Predefined Options
4.1	Is there a budget allocated for rehabilitation outside of the Program of Medical Guarantees (PMG)? If yes, which ministry or ministries provide this funding?	Text Field	
4.2	What financial limitations affect the provision or expansion of rehabilitation services?	Text Field	
4.3	What is the total number of rehabilitation beds for adults? Please provide the following information: • The number of rehabilitation beds in state and municipal healthcare facilities that have a contract with NHSU for inpatient rehabilitation services (as of 2024). • The number of rehabilitation beds in private healthcare facilities that have a contract with NHSU for inpatient rehabilitation services (as of 2024). • The number of rehabilitation beds in private healthcare facilities providing services funded by individuals and legal entities (as of 2024). • The number of rehabilitation beds in healthcare facilities of other forms of ownership funded by other sources outside of PMG (Ministry of Defense, Ministry of Social Policy, charitable organizations, etc.). • Total number.	Text Field	

4.4	What is the total number of rehabilitation beds for pediatric patients (under 18 years old)? Please provide the following information: • The number of rehabilitation beds in state and municipal healthcare facilities that have a contract with NHSU for inpatient rehabilitation services (as of 2024). • The number of rehabilitation beds in private healthcare facilities that have a contract with NHSU for inpatient rehabilitation services (as of 2024). • The number of rehabilitation beds in private healthcare facilities providing services funded by individuals and legal entities (as of 2024). • The number of rehabilitation beds in healthcare facilities of other forms of ownership funded by other sources outside of PMG (Ministry of Defense, Ministry of Social Policy, charitable organizations, etc.). • Total number.	Text Field	
4.5	Please list the healthcare facilities that provide outpatient rehabilitation services under the Program of Medical Guarantees (PMG) (according to NHSU package): (1) Adults (2) Children	Text Field	
4.6	Please list the healthcare facilities and specialists who provide outpatient rehabilitation services, whose activities are funded outside of the Program of Medical Guarantees (PMG) (funded by patients, charitable foundations, targeted programs, etc.): (1) Adults (2) Children	Text Field	

4.7	Are there targeted rehabilitation programs in the hromada for children and adults with specific health conditions (e.g., cerebral palsy, traumatic brain injury, vision impairments, etc.)? If yes, what are they?	Text Field	
4.8	Are there specific challenges in collaboration with other sectors (social services, education, transportation, patient routing within the oblast and hromada, etc.)?	Text Field	
4.9	What are the main obstacles hindering the development or expansion of rehabilitation services in the hromada?	Text Field	

Section 5. Assistive technologies / rehabilitation aid devices

Nº	Question	Format	Predefined Options
5.1	Are the following types of rehabilitation aid devices available in the hromada (regardless of the source of supply)? • Mobility • Vision • Hearing/Communication • Self-care/Cognition	Text Field	
5.2	Please specify the sources of supply for rehabilitation aid devices to the hromada.	Text Field	
5.3	From which sources are rehabilitation aid devices (DZR) funded, and what is the mechanism through which they reach the end user?	Text Field	
5.4	Please specify the problems and barriers in providing rehabilitation aid devices (DZR) in the hromada.	Text Field	

Section 6. Rehabilitation infrastructure and emergency preparedness

Nº	Question	Format	Predefined Options
6.1	What logistical solutions are available for patients to access rehabilitation services in the hromada (transportation services, specialized transport, etc.)?	Text Field	

6.2	Does your hromada have an approved development strategy? If such a strategy exists, please upload the document.	Text Field	
6.3	If there is a hromada barrier-free development plan, what steps are planned for 2024-2025?	Text Field	
6.4	Have the rehabilitation resources of your hromada been mapped?	Text Field	Yes No

ection 7. Information on Related Services

Nº	Question	Format	Predefined Options
7.1	Are there support programs and services in your hromada for people in difficult life situations (people with disabilities, veterans, elderly people, or other vulnerable groups)?	Text Field	
7.2	How many children are enrolled in the inclusive education system?	Text Field	
7.3	Have the rehabilitation needs of these children been assessed?	Text Field	
7.4	Are there services in the hromada for ensuring accessibility of public spaces and entrance areas of homes/workplaces and educational settings for people/children with limited mobility? If yes, please describe the mechanism.	Text Field	Yes No
7.5	Are there active civil society organizations in the hromada that focus on vulnerable groups? If yes, please specify which ones (name, contact details), and describe their activities.	Text Field	
7.6	Is there collaboration in the hromada with the employment service for the employment of people with disabilities and veterans?	Text Field	
7.7	Is there an Inclusive Resource Center (IRC) in the hromada? If yes, is there collaboration with rehabilitation specialists? Please provide contact details.	Text Field	

3. Representatives of the social sector at the hromada level

Survey of representatives of the Department of Social Care at the hromada level:

- general information about the respondent (name, position, name of the institution where the respondent works, phone number, e-mail, name of the United Territorial Hromada about which the respondent fills in the data) (Section 1);
- organisation of rehabilitation services, including accessibility of such services and their list, information on the official (if any) responsible for rehabilitation, mechanisms for coordinating the patient's route, reporting on services provided, availability of early rehabilitation programmes for children (Section 2);
- funding of rehabilitation services outside the Medical Guarantee Programme, barriers to expanding such funding (Section 3);
- general information on the provision of rehabilitation services by schools and other educational institutions, as well as institutions subordinated to the Ministry of Social Policy (if available) (Section 4);
- accessibility of assistive rehabilitation devices for the hromada population, as well as mechanisms and ways of their delivery to end users, barriers to the provision of assistive rehabilitation devices to the hromada population, as well as availability of prosthesis repair services (Section 5);
- general information on rehabilitation infrastructure (availability of logistical solutions to facilitate access to rehabilitation services for the hromada population), interagency cooperation, information on accessibility and barrier-free hromada buildings, as well as measures to support veterans, military personnel, and persons with disabilities (Section 6).

Section 1. General information about the person filling in the questionnaire and the hromada they represent

Nº	Question	Format	Predefined Options
1	Name of the person filling in the form	Text Field	
2	Email address	Text Field	
3	Contact phone number	Text Field	
4	Name of the territorial hromada	Text Field	
5	Position	Text Field	
6	Place of work	Text Field	
7	I give my consent to the processing of the information I have provided and confirm my understanding of the purpose of data collection	Single-choice	Yes No

Section 2: Information on rehabilitation

Nº	Question	Format	Predefined Options
2.1	What rehabilitation services in your hromada are provided by institutions subordinated to the Ministry of Social Policy?	Text Field	
2.2	Is there a special unit and/or official responsible for rehabilitation within the Department of Social Protection? If yes, please provide detailed information about this person(s)	Text Field	
2.3	Are there mechanisms in place to coordinate the patient's pathway between service providers and to ensure cooperation among providers (e.g., case management and coordination practices that support timely rehabilitation)? If yes, please elaborate	Text Field	
2.4	Are there reporting processes and/or systems in place to monitor rehabilitation needs or service delivery?	Text Field	
2.5	Are there any early childhood support programmes (early rehabilitation)? If yes, please list the institutions that provide such services	Text Field	

Section 3. Financing of rehabilitation

Nº	Question	Format	Predefined Options
3.1	Is a budget allocated for rehabilitation? If yes, from which ministry or ministries? From which donor?	Text Field	
3.2	What financial constraints affect the provision or expansion of rehabilitation services?	Text Field	

Section 4. Providing rehab services

Nº	Question	Format	Predefined Options
4.1	Is rehabilitation provided in school/ other educational settings? If yes, please name these institutions and the categories of health conditions addressed	Text Field	
4.2	Are there specific challenges in cooperation with representatives of other ministries and agencies in organising the provision of rehabilitation services?	Text Field	
4.3	What are the barriers and obstacles to the provision of rehabilitation services by institutions subordinated to the Ministry of Social Services?	Text Field	

Section 5. Assistive technologies/rehab assistive aids

Nº	Question	Format	Predefined Options
5.1	Are the following types of Rehabilitation Assistive Devices available in the hromada (regardless of source)?	Multi-select	• Mobility • Vision • Hearing/Communication • Self-care/cognition
5.2	Please list the sources of funding for Assistive Devices in the hromada.	Text Field	
5.3	Are Assistive Devices for Rehabilitation available in the hromada within the framework of the Cabinet of Ministers Resolution 1301? Who is responsible for providing the service at the hromada level? Please provide contact details.	Text Field	
5.4	Please indicate the person/institution/etc. responsible for the provision of different types of Assistive Rehabilitation Equipment: 1) Mobility 2) Vision 3) Hearing/Communication 4) Self-care/cognition	Text Field	
5.5	What are the mechanisms for obtaining assistive devices in the hromada?	Text Field	

5.6	What are the three main categories of people with disabilities who receive assistive devices in the hromada?	Text Field	
5.7	Are prosthetics and prosthesis repair services provided? If yes, please specify the institutions and contacts.	Text Field	
5.8	Specify the problems and barriers to the provision of assistive devices in the hromada.	Text Field	

Section 6. Rehabilitation infrastructure and information on related services

Nº	Question	Format	Predefined Options
6.1	What logistical solutions are available for patients to receive rehabilitation services in the hromada (transport services; specialised transport, etc.)?	Text Field	
6.2	Is there barrier-free access (standardised ramp, navigation, lift, etc.) to the buildings of hromada social care facilities?	Multi-select	• Yes, barrier-free access is provided in all of these institutions • Partially, barrier-free access is provided only in some institutions • No, barrier-free access is not provided • Other* (please specify below)
6.3	*What kind of barrier-free access is provided to the buildings of hromada social protection institutions?	Text Field	
6.4	If the access is partially or fully provided, please specify which barrier-free elements are present (e.g. ramps, navigation, lift, etc.)	Text Field	Tak Hi
6.5	Does your hromada have support programmes and services for people in difficult life circumstances (people with disabilities, veterans, the elderly or other vulnerable groups)?	Multi-select	• Yes, there are programmes for all these groups • Yes, but only for some groups. • No, there are no such programmes.

6.6	Does the department of social care cooperate with rehabilitation institutions subordinated to other ministries and agencies?	Single-choice	Tak Hi
6.7	If yes, please specify the forms of cooperation	Text Field	
6.8	Is there a veteran's assistant in the hromada?	Single-choice	Tak Hi
6.9	If yes, how many veterans does he/she assist?	Text Field	
6.10	Do representatives of the Department of Social Protection interact with veteran assistants? (if there are veteran assistants in the hromada)	Text Field	
6.11	What support services for veterans/servicemen and their families are available in the hromada?	Text Field	
6.12	Does the hromada have cooperation with the employment service for the employment of persons with disabilities and veterans?	Text Field	
6.13	Does the social protection service cooperate with employment services and healthcare facilities to identify employment problems due to illness or injury and to help maintain employment?	Text Field	
6.14	Are there Inclusive Resource Centres in the hromada? If yes, is there cooperation with rehabilitation specialists? Provide contacts.	Text Field	

4. Representatives of NGOs

Survey of NGO representatives on:

- General Information about the Respondent (Full Name, Position, Name of the Organization the Respondent Works for, Phone Number, Email Address, Name of the United Territorial Hromada for which the respondent is providing data) (Section 1).
- Provision of Rehabilitation Services Beyond the PMG (Targeted rehabilitation programs for specific health conditions implemented with the participation of NGOs, if applicable) (Section 2).
- NGO Participation in Assisting Communities with the Provision of Assistive Devices (Barriers to delivering assistive devices and services to the hromada) (Section 3).
- General Information on Rehabilitation Infrastructure (Availability of logistical solutions to facilitate access to rehabilitation services for the hromada, including transportation to medical and non-medical facilities; information on the accessibility of services supported by NGOs, such as the adaptation of buildings to meet accessibility and barrier-free standards; as well as measures to support veterans, military personnel, and persons with disabilities) (Section 4).

Section 1. General information about the person filling in the questionnaire and the hromada they represent

Nº	Question	Format	Predefined Options
1	Name of the person filling in the form	Text Field	
2	Email address	Text Field	
3	Contact phone number	Text Field	
4	Name of the territorial Hromada	Single-choice	Nizhyn Territorial Hromada Bashtanka Territorial Hromada Rozdilna Territorial Hromada
5	Position	Text Field	
6	Place of work	Text Field	
7	I give my consent to the processing of the information I have provided and confirm my understanding of the purpose of data collection	Single-choice	Tak Hi

Section 2: Information on rehabilitation and render of rehabilitation services

Nº	Question	Format	Predefined Options
2.1	Does your NGO provide rehabilitation services to the citizens? If yes, what kind of services?	Text Field	
2.2	Does your organisation have a special unit and/or person responsible for rehabilitation? If yes, please provide detailed information about this person(s)	Text Field	
2.3	Are you aware of any targeted rehabilitation programmes in the hromada for children and adults with specific health conditions (e.g. cerebral palsy, TBI, visual impairment, etc.) outside the NHS medical guarantee programme? If so, does your NGO participate in these programmes? If yes, how does it participate?	Text Field	

Section 3. Assistive technologies/rehab assistive aids

Nº	Question	Format	Predefined Options
3.1	Is your NGO involved in providing people with disabilities with rehabilitation aids? If yes, please indicate under what disabilities	Multi-select	• Mobility • Vision • Hearing/communication • Self-care/cognition
3.2	Please name the sources of receipt of auxiliary rehabilitation equipment on the balance sheet of your NGO (purchase for donations, humanitarian aid, etc.)	Text Field	
3.3	Name the three main categories of persons with disabilities who receive assistive devices in the hromada from your NGO.	Text Field	
3.4	Specify the problems and barriers to obtaining a wider range of assistive devices	Text Field	

Section 4. Rehabilitation infrastructure and information on related services

Nº	Question	Format	Predefined Options
4.1	What logistical solutions are available for patients to receive rehabilitation services in the hromada (transport services; specialised transport, etc.). How does your NGO help with their implementation?	Text Field	
4.2	What support services for veterans/ servicemen and their families are provided with the participation/ support of your NGO?	Text Field	
4.3	Is your NGO able to provide services for accessibility of public spaces and entrance areas of buildings/ equipping workplaces and places of education for people with disabilities? If yes, please describe the mechanism	Text Field	
4.4	How does your NGO take care of vulnerable groups (veterans, people with disabilities)?	Text Field	
4.5	Does your NGO cooperate with the employment service to employ people with disabilities, veterans?	Text Field	

5. Healthcare professionals

Survey of Healthcare Professionals regarding:

- General Information about the Respondent (Full Name, Position, Name of the Institution where the Respondent Works, Education, Phone Number, Email Address, Name of the United Territorial Hromada (UTH) the respondent belongs to) (Section 1).
- General Information about Rehabilitation Services (List of rehabilitation services provided at the institution where the respondent works, providers of outpatient rehabilitation services funded outside the Medical Guarantees Program, as well as challenges, barriers, and issues related to the provision and development of rehabilitation services) (Section 2).
- Accessibility of Assistive Rehabilitation Devices for the Hromada Population (Mechanisms and pathways for delivering assistive devices to end users, and barriers to providing assistive rehabilitation devices to the hromada population) (Section 3).

Section 1. General information about the person filling in the questionnaire and the hromada they represent

Nº	Question	Format	Predefined Options
1	Name of the person filling in the form	Text Field	
2	Email address	Text Field	
3	Contact phone number	Text Field	
4	Name of the territorial Hromada		Nizhyn Territorial Hromada Bashtanka Territorial Hromada Rozdilna Territorial Hromada
5	Position	Text Field	
6	Place of work	Text Field	
7	I give my consent to the processing of the information I have provided and confirm my understanding of the purpose of data collection	Single-choice	Yes No

Section 2: Information on rehabilitation and render of rehabilitation services

Nº	Question	Format	Predefined Options
2.1	What rehabilitation services are currently available in your hromada?	Text Field	
2.2	Please list the healthcare facilities, specialists providing outpatient rehabilitation services that are funded outside of the primary healthcare system (at the expense of patients, charitable foundations, targeted programmes, etc.)	Text Field	
2.3	Are there any specific challenges in cooperation with other sectors (social services, education, transport; patient routing within the oblast and hromada, etc.)	Text Field	
2.4	What problems/barriers does your institution/you personally face when providing rehabilitation services?	Text Field	
2.5	What are the main obstacles to the development or expansion of rehabilitation services in the hromada?	Text Field	

Section 3. Assistive technology/ assistive rehabilitation devices

Nº	Question	Format	Predefined Options
3.1	Are the following types of Assistive Rehabilitation Devices available in the hromada (regardless of the source of funding)?	Multi-select	• Mobility • Vision • Hearing/communication • Self-care/cognition
3.2	What are the sources of supply of Rehabilitation Assistive Devices to the hromada?	Text Field	
3.3	Name the three main categories of people with disabilities who receive Assistive Rehabilitation Devices in the hromada.	Text Field	
3.4	Identify the challenges and barriers to providing assistive devices in the hromada.	Text Field	

Application of the Assessment Tool:

Stage 1: Collection of information from key stakeholders.

Stage 2: Analysis of the collected data by engaged experts.

Stage 3: Development of action plans for enhancing rehabilitation capacities and creating rehabilitation pathways at the hromada level for each target hromada by a group of involved experts.

Stage 4: Piloting selected elements of the action plans in the target communities.

List of sources and useful resources

1. Charitable Foundation 'Patients of Ukraine'



2. Initiative 'Rehabilitation of War Trauma in Ukraine'



3. WHO Framework for Rehabilitation 2030



4. CBR Guidelines as a tool for inclusive community-based development



5. Template for Rehabilitation Information Collection (TRIC): A tool to support the Systematic Assessment of Rehabilitation Situation (STARS)



6. CBR Matrix



7. Sample application for housing conversion



8. Instruction for arranging a ramp



Order of the Ministry of Health of Ukraine No. 995 of 31.05.2023 'On Approval of the Exemplary List of Material and Technical Equipment of Inpatient Rehabilitation Departments, Units of Healthcare Facilities Providing Rehabilitation Care to Adults in the Post-Acute Rehabilitation Period'.



Online courses on the NHS Academy's educational platform on rehabilitation:

Rehabilitation in the healthcare system: a course for doctors;



Documenting the process of providing rehabilitation care based on the ICF;



Basic principles of application of the International Classification of Functioning, Disability and Health (ICF).



