
**DECENTRALIZED PROJECT EVALUATION:
*'SUPPORTING REHABILITATION OF PERSONS
WITH DISABILITIES CAUSED BY THE WAR'***

Evaluation Mission Dates:

1 April – 31 May 2024

Evaluator:

Yves Del Monaco, International Consultant

Project and evaluation information details

PROJECT INFORMATION		
Project title	Supporting rehabilitation of persons with disabilities caused by the war	
Quantum ID	Project ID: 00132588 Republic of Korea Contract number: 00145355 Government of Germany Contract number: 910441	
Corporate outcome and outputs	<p>Expected CPD Outcome <u>Outcome 1:</u> By 2023, women and men, girls and boys participate in decision-making and enjoy human rights, gender equality, effective, transparent and non-discriminatory public services.</p> <p>Expected CPD Outputs <u>Output 1.2:</u> National institutions, systems, laws and policies advance the equitable realization of human rights, especially among vulnerable groups. <u>Output 2.1:</u> National and subnational institutions are better able to develop and implement policies and measures that generate sustainable jobs and livelihoods. <u>Output 4.2:</u> Crisis-affected women and men have more sustainable livelihoods opportunities, including jobs, created with UNDP support. <u>Gender marker:</u> Gen 2</p>	
Country	Ukraine	
Geographical coverage	All Ukraine	
Project dates	Start	Planned end
	1 August 2022	Initially, 31 January 2024 After no-cost extension, 31 December 2024
Project budget	USD 4,500,000 From which USD 3,000,000 provided by the Republic of Korea and USD 1,500,000 by the Federal Republic of Germany	
Project expenditure at the time of evaluation (31 March 2024)	USD 2,807,388.36 (62,39 percent)	
Funding source	Republic of South Korea Federal Republic of Germany	
Implementing party	UNDP Ukraine	
EVALUATION INFORMATION		
Decentralized Evaluation 'Supporting rehabilitation of persons with disabilities caused by the war'	Enhanced resilience, physical and mental well-being of persons with disabilities in Ukraine through strengthened rehabilitation services, advanced disability inclusion agenda and improved socio-economic integration.	
Period under evaluation	Start	End
	01 August 2022	31 March 2024
Evaluator	Yves DEL MONACO	
Evaluator email address	yves_monaco@hotmail.com	
Evaluation dates	Start	
	1 April 2024	31 May 2024

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LIST OF ACRONYMS AND ABBREVIATIONS

CPD	Country Programme Document
CRPD	Convention on the Rights of Persons with Disabilities
CRSV	Conflict Related Sexual Violence
CSO	Civil Society Organization
CSYS	Civil Society Youth Support project (UNDP)
EU	European Union
GBV	Gender-Based Violence
GoU	Government of Ukraine
HRBA	Human Rights Based Approach
HR4U	Human Rights for Ukraine project (UNDP)
MoH	Ministry of Health
MoSP	Ministry of Social Policy
NGO	Non-Governmental Organization
NHSU	National Health Service of Ukraine
PWD	Person with disability
RPWD	Rehabilitation of Persons with Disabilities project (UNDP)
SADDD	Sex, Age and Disability Disaggregated Data
SDGs	Sustainable Development Goals
SES	State Employment Service
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VET	Vocational Education Training
WHO	World Health Organization

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*The Evaluator
12 June 2024*

EXECUTIVE SUMMARY

UNDP has been delivering the project '*Supporting the rehabilitation of persons with disabilities caused by the war*' (RPWD) to respond to the immediate needs in terms of service provision and economic integration of war-disabled persons. Initially scheduled to run until 31 January 2024, the project has been extended until 31 December 2024 to allow for the completion of all activities.

The evaluation took place between 1 April and 31 May 2024. Its main objective was to provide a forward-looking progress assessment of the RPWD project from 1 August 2022 to 31 March 2024. The project has been assessed under the criteria of **relevance, coherence, effectiveness, efficiency** and **sustainability**. The cross-cutting issues of human rights, gender equality and conflict sensitivity were also examined.

Relevance

As rehabilitation is multi-dimensional, it was highly relevant for UNDP to launch a pilot project that would address the medical, psychological and socio-economic dimensions of the problem. Specifically, it was important for the project to develop the capacity of the Government of Ukraine (GoU) in terms of policy analysis and adapting existing legislation, particularly in the light of the new challenges posed by the war.

Before the war, the existing rehabilitation facilities were not equipped to provide different needs-tailored services and there was a lack of medical and non-medical staff with the appropriate skills and competencies to meet rehabilitation needs. The increase in the number of PWDs as a result of the war also made it necessary to overhaul the social benefits system. It was therefore critical to develop the capacity and skills of rehabilitation professionals, to upgrade and equip rehabilitation facilities, and to support the Ministry of Social Policy (MoSP) in overhauling the social benefits system. Finally, it was important to support the participation of PWDs in economic activities as their socio-economic integration promotes equality and inclusion in society.

The RPWD project was relevant to the GoU's policies and strategies, in particular its National Strategy for a Barrier-Free Environment in Ukraine, which aims to eliminate barriers to build a society free from discrimination and prejudices against PWDs. It was relevant to the UN Transitional Framework for Ukraine (2022-2024), UNDP Strategic Plan 2022-2025 and UNDP Country Programme Document (2018-2024). It was relevant and specifically contributed to the UNDP Ukraine Resilience Building and Recovery Framework for Ukraine, in particular Pillar 2 (*Physical and mental health needs; Human rights and access to justice*) and Pillar 5 (*Preservation of social fabric; Reintegration of war veterans; Women's empowerment; Disability inclusion and rehabilitation*).

Respondents interviewed by the evaluator highlighted two particular strengths of UNDP Ukraine in relation to this project: firstly, its ability to implement pilot projects, which, if successful, can be scaled up and become a model for the government and other organisations to replicate; and secondly, its capacity to develop human capital.

Coherence

The RPWD project built on previous and ongoing lessons and efforts from UN agencies and others, notably the joint USAID/WHO project '*Strengthening Rehabilitation Services in Health Systems*'. In line with UNDP's mandate, the project focused on building the capacity of the various actors supporting rehabilitation. In doing so, it complemented the projects of actors such as the World Health Organization (WHO), which has a mandate to support medical rehabilitation. Nevertheless, there was some overlap between UNDP and WHO, as both organisations provided medical equipment, including assistive technologies, to rehabilitation facilities.

The project is aligned with the UN Transitional Framework for Ukraine, UNDP Strategic Plan 2022-2025 and UNDP Country Programme Document (2018-2024). It is coherent and part and parcel of the UNDP Resilience Building and Recovery Framework. This framework outlines UNDP's strategy and actions to support the GoU's crisis coordination and promote social cohesion and inclusion. The rehabilitation of PWDs contributes to social cohesion and inclusion and is a fulfilment of human rights.

The project is also in line with the Sustainable Development Goals (SDGs), in particular Goal 3 (*Ensure health lives and promote well-being for all at all ages*), 11 (*Make cities and human settlements inclusive, safe, resilient and sustainable*) and 16 (*Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels*).

Effectiveness

The evaluator found that the project had achieved significant, even transformative results, helping to establish a new approach to the rehabilitation of PWDs in Ukraine. The project piloted an innovative model (now enshrined in law) of integrating social workers into multidisciplinary rehabilitation teams; contributed to a reform of the social insurance system for PWDs; conducted a nation-wide survey on rehabilitation needs to inform government policies; drew up the country's National Operational Plan for rehabilitation 2024-2026; and developed a methodology for monitoring the right to rehabilitation, which has now been adopted by the Ombudsperson's Office.

The project developed the capacity of more rehabilitation professionals than predicted, provided rehabilitation equipment to 13 healthcare facilities and contributed to the establishment of pioneering mobility, orientation and digital literacy schools for people with visual impairments. At the time of the evaluation, 14,859 persons had benefited from the project's activities, including 10,873 persons who had received psychological and legal assistance, and 1,459 persons who had benefitted from rehabilitation services.

The project was also creative in supporting job creation for PWDs. It broke new ground in helping VET teachers understand how to teach PWDs. Vocational schools were equipped to meet the needs of PWDs and the cooperation between these schools and the State Employment Service (SES) was strengthened. Thanks to these efforts, around 300 people with disabilities have been trained to date in jobs that accommodate their disabilities.

Overall, the project showed flexibility and resilience in an area that requires new approaches, and in an environment made more difficult by the war.

Efficiency

The project achieved very significant results using few financial resources. For example, it spearheaded policy and legal amendments using only one expert while its communication campaign reached more than 11 million people (against a predicted audience of 200,000 people), as its various topics were widely shared and reposted by viewers for their interesting content.

There were some teething problems at the beginning. The project team was only complete in April 2023. The protocols on equipment and assistive devices were adopted late by the Ministry of Health. The identification of needs was slower than expected due to a lack of qualified specialists to carry out the assessments. In addition, much of the equipment was not available on the Ukrainian market as the supply chain was broken because of the war. For these reasons, the execution rate was only 62% by 31 March 2024, which is the completion date for this evaluation. These difficulties made it necessary to extend the duration of the project until 31 December 2024, but the system is now fully operational and the delivery of equipment has accelerated.

The project partnered with civil society organizations (CSOs) to support the needs of war-disabled persons. Over the period covered by this evaluation, 34 local and national CSOs were supported by UNDP low-value grants totalling US\$ 1,300,000. As a result, almost 9,000 persons received legal and psychosocial support, including 702 individuals training in rehabilitation, social services and disability inclusion. The CSOs also contributed to the retrofitting and physical rehabilitation of 13 facilities.

Sustainability

The evaluator believes that all of the project's activities are sustainable as they have become an integral part of the Ukrainian rehabilitation system. For example, the new regulation requiring the presence of a social worker in multidisciplinary rehabilitation teams has become law and has been adopted in more than 400 facilities. The proposal for reforming the social benefits system was developed in close consultation with the GoU, Ukraine's Pension Fund, the National Bank of Ukraine and private insurance companies. The methodology for monitoring the right to rehabilitation was piloted in 11 communities and is now part of the Ombudsperson's Office monitoring specifications.

The project has also set a number of milestones for Ukraine in the field of rehabilitation through the development of the National Operational Plan for Rehabilitation 2024-2026, and the development of a model for the rehabilitation of people with visual impairment. It has strengthened the capacities of Ukrainian healthcare institutions by providing essential skills to more than 700 medical and social professionals. It has supplied 13 healthcare facilities with equipment that, over time, will improve the lives of thousands, if not tens of thousands of PWDs. These strengthened capacities will remain in place after the project ends, serving the needs of war-disabled persons in the long term.

Finally, the project has worked with national and sub-national authorities on job creation for war-disabled persons. While still at an initial stage, these efforts have laid the foundations for the development of long-term policies to include PWDs in the Ukrainian labour market.

Lessons learned

UNDP has a long experience in policy making and is a trusted partner of the GoU in this area. Its success in this project was the result of its flexibility and ability to adapt its responses to a rapidly changing situation. Another lesson is that, in the current context of war, it is necessary to carry out a thorough situational analysis when considering the procurement of medical and technical equipment, and to have alternative plans in place. Finally, although many Ukrainian CSOs initially found it difficult to respond adequately to the UNDP calls for proposals, they have gradually developed their capacity in this area and are expected to be better able to support the rehabilitation of PWDs in the next phase.

Recommendations

UNDP has set a number of milestones in the field of rehabilitation and demonstrated its ability to address the multi-dimensional needs involved. It is therefore logical that it should build on the results achieved and scale up its activities. However, it should consult closely with the Ministry of Health, Ministry of Social Policy, Ministry for Veteran Affairs, WHO and other stakeholders when developing its next project to avoid duplication. It should also support the development of a strong multi-dimensional rehabilitation system at sub-national and community levels (including by developing a community rehabilitation strategy and cooperation mechanisms between relevant ministries). Its support for war-disabled persons should be extended to their families, who need advice on how to become carers. Finally, it should scale up its work with the SES, vocational schools and employers to support the employment of PWDs. This could be done in synergy with other UNDP projects and interventions whose objectives are complementary to its own, and in collaboration with the Ministry of the Economy, which has a knowledge of labour market trends.

BACKGROUND AND CONTEXT

Since the full-scale invasion of Ukraine by the Russian Federation on 24 February 2022, the total number of verified civilian casualties reached 30,457 by 15 February 2024, including 10,582 killed and 19,875 injured, according to the UN High Commissioner for Human Rights (OHCHR).¹ The scope and scale of damage to critical infrastructure caused by the conflict has also been devastating, including residential housing, hospitals, schools, kindergartens, and other civilian targets damaged or destroyed. The war has caused mass forced displacement of over 12 million people with currently 3.67 million Internally Displaced People (IDPs) and approximately 6 million refugees.²

The impact of the war on the health sector in Ukraine is unprecedented. According to the data provided by the Ministry of Health, there were 9,925 public facilities in the health sector prewar. Of those, 1,242 (12.5 percent of all facilities) had been partially or fully damaged by December 2023. The largest share of damage in terms of number of affected assets was recorded in primary health care (PHC) centres (51.9 percent) and hospitals (26.2 percent) while the largest share of damage in terms of costs was recorded in Donetska (33.9 percent), Kharkivska (18.2 percent) and Luhanska (15.6 percent) oblasts, where the level of war intensity was severe. Additionally, 787 pharmacies were damaged or destroyed.³

The losses in the health care sector are estimated to be US\$ 17.8 billion. This figure includes the removal of debris, demolition of the destroyed facilities, losses from the financing of facilities, and additional losses to the population's health due to forgone care and increased public health threats.⁴

The war has also impacted the provision of and access to healthcare because of added pressure on facilities and staff, and limited economic resources driven by inflation, further compounded by losses of livelihoods. Many health workers have been displaced by the war, leaving health facilities short of staff.⁵

The human impact of the war is enormous. As armed violence continues, people are increasingly exposed to explosions, burns and trauma injuries. While hospitals are still treating patients of all kinds, war-related injuries have been increasing. The number of amputations and the need for prostheses are already in the thousands of cases, all of whom need of emergency care, follow up treatment and rehabilitation. The number of people with disabilities caused by the war – both combatants and civilians - has led to increased special demands on medical and psycho-social services, which are expected to continue to grow substantially over time. In the coming years, the issue of providing persons with disabilities with assistive products will become increasingly important as the number of people registered with the social protection system increases sharply. Before the war, over 2.7 million people in Ukraine were registered with disabilities. This number reached 3 million at the end of 2023 and continues to grow.⁶

Persons with disabilities

Persons with disabilities (PWDs) in Ukraine were already vulnerable before the war broke out as they were more likely than those who do not have a disability to experience poverty, social exclusion,

¹ Ukraine civilian casualty update 15 February 2024, <https://www.ohchr.org/en/documents/country-reports/two-year-update-protection-civilians-impact-hostilities-civilians-24>

² Situation Reports | Ukraine | OCHA <https://reports.unocha.org/en/country/ukraine> 12 February 2024

³ Third Rapid Damage and Needs Assessment (RDNA3), February 2022 – December 2023, the World Bank, the Government of Ukraine, the European Union, the United Nations, February 2024

⁴ Ibid.

⁵ Ibid.

⁶ Inception Report – Creating a new system of transition from rehabilitation to employment services, and benefits, RPWD Project.

housing insecurity and violence while having less opportunity to engage in meaningful work. Since the start of the invasion, however, PWDs in Ukraine have been experiencing additional barriers, including access to accurate war-related information and immense difficulties to flee conflict-affected areas, resulting in risks to their lives. Many of them struggle to meet daily needs and challenges in accessing humanitarian assistance.

The most vulnerable categories of PWDs include the elderly, women and children with disabilities, who are often more exposed to abuse and neglect. According to the Guidelines on deinstitutionalization, including in emergencies (2022) from the UN Committee on the Rights of Persons with Disabilities, *“women and girls with disabilities in situations of risk and humanitarian emergencies are at a heightened risk of sexual and gender-based violence compared with other women and girls, and are less likely to have access to recovery and rehabilitation services and access to justice”*.⁷

Rehabilitation of PWDs encompasses a holistic set of interventions to address impairments (such as activity limitations, and participation restrictions, as well as personal and environmental factors that have an impact on functioning and health). Early rehabilitation is recognized as being an integral part of a patient’s recovery in conflicts and disasters. Starting in acute care, early rehabilitation can help prevent complications, speed recovery, and help ensure continuity of care.⁸ Additionally, it is vital to develop and implement mechanisms for social support, assisting persons with various impairments in obtaining employment and ensuring accessible accommodation in the work place.

In 2021, the National Strategy for Barrier-Free Environment (2021-2030) was endorsed by the Ukrainian parliament. The strategy foresees the creation of a barrier free environment in Ukraine to empower, among other groups, persons with disabilities to fully participate in society and ensure their fundamental rights. The strategy covers six fields: physical, informational, educational, digital, socio and civic field as well as economic. In June 2023, Ukraine adopted the action plan for 2023-2024, which provides for the monitoring of accessibility of the physical environment and transport, adapting them to the needs of persons with reduced mobility, as well as introducing new and improved state construction norms and standards.

Government of Ukraine policies

The Government of Ukraine (GoU) has a wide set of policies regulating the sphere of social and medical services, as well as referral paths, for PWDs. While there is a wide range of rehabilitation centres operating at different levels and under different ministries, the rehabilitation system lacks capacities and funds, and is in dire need of modernisation – a fact already prominent before the full-scale war.⁹ In addition, the rehabilitation facilities often face difficulties in terms of dealing with war inflicted injuries and traumas, and are unable to match the current shift in demand.

Responding to these urgent needs, the Ministry of Health (MoH) has set three main priorities in the rehabilitation of PWDs with war inflicted injuries:

a) capacity development of the rehabilitation staff (e.g. development of the educational standards);

⁷ <https://www.ohchr.org/en/documents/legal-standards-and-guidelines/crpd5-guidelines-deinstitutionalization-including> - accessed on 15.05.2024.

⁸ <https://www.who.int/activities/strengthening-rehabilitation-in-emergencies/early-rehabilitation-in-conflict-and-disasters> - accessed on 15.05.2024.

⁹ Situation assessment of rehabilitation in Ukraine. Copenhagen WHO Regional Office for Europe, 2021 – <https://apps.who.int/iris/handle/10665/349585> - accessed on 15.05.2024.

b) development of packages of rehabilitation service guarantees (as for now, only three of them exist: for adults and children from 3 years old with lesions of the nervous system; for adults and children from 3 years old with lesions of the musculoskeletal system; for children born prematurely or sick during the first 3 years of life);

c) strengthening rehabilitation centres.¹⁰

According to the National Health Service of Ukraine (NHSU), the rehabilitation packages for both inpatient and outpatient care for adults and children have been enhanced over the last two years through additional services and an extension of the maximum rehabilitation period. As of November 2023, 420 health care facilities had contracts with the NHSU to provide rehabilitation services for adults and children. UAH 5.54 billion (approx. USD 145 million) has been allocated for rehabilitation care for 2024. One of the key objectives is to make rehabilitation more accessible to people in their local areas. For this to happen, communities need support and the capacities of medical and non-medical staff working in multidisciplinary rehabilitation teams need to be enhanced.¹¹

The Ministry of Social Policy has prioritised the development of services to assist PWDs and improving the accessibility of their living and working environments. With the support of the Office of the President and UNDP, the Ministry has developed a new social benefits system to benefit PWDs by supporting their smooth transition from rehabilitation to employment.¹²

In addition, the Ministry of the Economy is implementing a number of programmes to promote the employment of PWDs, including by improving labour legislation and removing physical barriers in the workplace and creating safe working environments.

United Nations

In response to the war, the United Nations, in partnership with the humanitarian community, have scaled up their presence in Ukraine and supported 16 million people in 2022 through US\$ 3.4 billion worth of assistance, including cash, emergency shelter and house repairs, food, medicine, generators, protection services and winter supplies. In 2023, the Humanitarian Country Team further reached 11 million people with life-saving assistance,¹³ particularly within front line areas, through approximately US\$ 2.69 billion worth of humanitarian funding from more than 38 UN member states and many other private donors.¹⁴

The UN development system has implemented over US\$ 1 billion in 2022-2023 in support to the government's early recovery efforts focusing on community recovery investments in housing, energy, social infrastructure, humanitarian demining, local economic development, mental health and psychological support as well as strengthening the capacity of national systems and community mobilization.¹⁵

UNDP

UNDP Ukraine has worked to mainstream policies and services to protect and promote equal rights for PWDs in Ukraine since 2012. It has supported the GoU in developing the National Strategy on Barrier-Free Environment in Ukraine, and through this support a nation-wide network of contacts

¹⁰ Speech by Minister Lyashko at the Donor Forum *Unbroken*, organised in Lviv on 10 June 2022 in No-cost extension of Project "Supporting rehabilitation of persons with disabilities caused by the war".

¹¹ No-cost extension, op. cit.

¹² No-cost extension, op. cit.

¹³ Humanitarian partner reporting under the 2023 HRP, January 2024. Ukraine OCHA

¹⁴ Financial Tracking System, January 2024

¹⁵ UN Recovery Programming in Ukraine, November 2023

has been built on various issues of disability inclusion and accessibility. UNDP is now working with the Advisor-Commissioner to the President of Ukraine on the Barrier-Free Strategy to operationalise this strategy in the regions and communities. Since 2021, in close partnership with the Ministry of Digital Transformation, UNDP has also helped to ensure inclusivity and accessibility of key e-services provided by the state to PWDs, in line with web accessibility standards.

Since April 2022, UNDP has worked with UNICEF, UNFPA and UN Women to implement a new UN joint programme '*Mainstreaming gender-responsive disability inclusion in humanitarian response in Ukraine – Phase 1*', which sought to urgently inform the humanitarian response to ensure gender-response considerations and coverage of immediate needs of PWDs by equipping humanitarian actors, local authorities and NGOs with inclusivity tools and checklists, providing fast assessments of the current needs of women and men, girls and boys with disabilities and ensure effective communication with and protection of the most vulnerable. Given that protection needs continue to grow daily, the programme also sought to further empower organizations of PWDs to ensure access to information and services for PWDs, including in the regions facing most challenges, i.e., having a high concentration of Internally Displaced Persons (IDPs).

PROJECT DESCRIPTION

UNDP project '*Supporting rehabilitation of persons with disabilities caused by the war*'

Building on previous and ongoing lessons and efforts from UN agencies and others, UNDP has been delivering an 18-month project to respond to the immediate needs in terms of service provision and economic integration of war-disabled persons by enhancing the capacities of rehabilitation facilities across Ukraine and partnering with civil society for increased livelihood opportunities while underpinning the GoU's long-term rehabilitation agenda for PWDs and continued work for a barrier-free environment in Ukraine.

Initially scheduled to run for 18 months until 31 January 2024, the project has been extended until 31 December 2024 (through a no-cost extension) to allow for the completion of all activities, in particular the delivery of medical and prosthetic equipment, the international procurement of which was hampered by the war.

The project is aligned with the priorities of the GoU, UNDP Strategic Plan 2022-2025, UNDP Country Programme Document (2018-2024), UN Transitional Framework for Ukraine, as well as UNDP's *Resilience Building and Recovery Framework for Ukraine*, which is the organization's results-based umbrella response to the war and its impact.

In line with the Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, the UNDP project aimed to ensure that PWDs who are at most risk of being left behind in the current emergency and humanitarian setting receive heightened attention and protection by the humanitarian operations, in close coordination with local governments, local communities and NGOs. Furthermore, it is essential that the GoU, at both national and sub-national levels, play a key role as duty-bearers, ensuring the rights and adequate assistance to the different categories of PWDs, including the most marginalized on the ground.

Through this project, UNDP has sought to contribute to the following outcome:

Enhanced resilience, physical and mental well-being of persons with disabilities in Ukraine through strengthened rehabilitation services, advanced disability inclusion agenda and improved socio-economic integration.

To this end, the project aimed to achieve the following three outputs:

- **Output 1.** Government of Ukraine enabled to design new policies and regulations to better protect, respect and fulfil the rights of persons with disabilities, with the focus on rehabilitation.
- **Output 2.** Rehabilitation institutions have enhanced technical expertise, capacities, and equipment to ensure necessary service provision.
- **Output 3.** Persons with disabilities have enhanced access to socio-economic integration opportunities.

The project started on 1 August 2022 and was due to end on 31 January 2024 but has now been extended to 31 December 2024 through a no-cost extension. Its total budget is US\$ 4,500,000 from which US\$ 3 million provided by the Republic of Korea and US\$ 1,500,000 provided by the Federal Republic of Germany.

EVALUATION SCOPES AND OBJECTIVES

The UNDP evaluation policy provides for evaluations of all its supported programmes in order to assess progress on how UNDP-funded interventions contribute to the achievement of the outcomes derived from its strategic documents. Such evaluations clarify underlying factors affecting development, identify unintended consequences (positive or negative), generate lessons learned and recommend actions to improve the performance of current and future programmes.

The main goal of this evaluation was to conduct a forward-looking progress evaluation of the project '*Supporting the rehabilitation of persons with disabilities caused by the war*'. The purpose of the evaluation was three-fold:

- (1) To analyse the implementation of the UNDP project, assess its relevance, coherence, effectiveness, efficiency and sustainability;
- (2) To draw lessons learned, including viable suggestions and operational directions, which could be sharpened and further enhanced in a follow-up project phase or in other subsequent relevant projects;
- (3) To provide recommendations and inform the development of further UNDP interventions, accounting for the ongoing war and its impact on the area of rehabilitation of PWDs caused by the war, as well as for the need of further UNDP's assistance.

The specific project evaluation objectives are:

- a) Assess project progress towards the achievement of the objectives, expected outputs and indicators, as specified in the Initial Plan and Workplan, following a number of parameters set under the evaluation questions listed below; compare the project's planned outputs to actual outputs; assess whether there were unintended results;
- b) Evaluate the relevance of the objectives and expected outputs, accounting for the impact of ongoing war;
- c) Assess indicators of project's success or failure with the goal of identifying the necessary changes to be introduced in the next iteration of similar projects/follow-up phase of this

project to improve further UNDP-facilitated response in the field of rehabilitation and disability inclusion;

- d) Review progress indicators and targets set in a logical framework in terms of their relevance and feasibility, accounting for the country context, and provide feedback on achieving the targets;
- e) Analyse the extent to which the project enhanced the application of a rights-based approach, gender equality and women’s empowerment, social and environmental standards, and participation of vulnerable groups;
- f) Draw lessons learned that can both improve the longer-term sustainability of benefits of the project and tailor UNDP’s response to the needs and priorities of project beneficiaries, considering the impact and context of the ongoing war;
- g) Provide clear evidence-based recommendations for adaptive management to propose improvements for and inform the development of the project’s follow-up phase upon consulting with project beneficiaries and guide further ROK, Germany and UNDP interventions.

EVALUATION APPROACH AND METHODS

The evaluation has covered all the activities undertaken by the project from its start date on 1 August 2022 until 31 March 2024. It has assessed the project under the criteria of **relevance, coherence, effectiveness, efficiency and sustainability**.

Relevance	The extent to which the project strategy, proposed activities and expected outputs and outcome were justified and remained relevant to beneficiaries’ assessed needs, country policies and donors’ priorities (in the context of the ongoing war in Ukraine).
Coherence	The compatibility of the project with other interventions in the country and sector. Internal coherence addresses the synergies and interlinkages between the intervention and other interventions by UNDP. External coherence considers the consistency of the intervention with other actors’ interventions in the same context (e.g., government, WHO, UNICEF, USAID, etc.)
Effectiveness	The extent to which the project’s expected outputs and outcome have been achieved or are expected to be achieved. Factors contributing to or detracting from the achievement of the project’s desired results and objectives will also be included in the assessment.
Efficiency	The extent to which the project resources (funds, human resources, expertise, timeliness, etc.) have been optimally used and converted into intended outputs.
Sustainability	The extent to which the benefits of the project are likely to continue after donor funding has been withdrawn.

The evaluator has also assessed the key financial aspects of the project and the project M&E design and implementation. Variances between planned and actual expenditure has been explained. He has examined how the project applied the human rights-based approach and mainstreamed gender equality.

In conducting this evaluation, the evaluator has applied a mixed method approach combining qualitative and quantitative data collection and analysis, with the emphasis on qualitative data. Qualitative data was mainly obtained by reviewing relevant literature and by seeking the views of partners, stakeholders and project’s beneficiaries (in particular, rehabilitation professionals) on the

quality of services provided by the project. The quantitative method has consisted of comparing the quantitative indicators of the project with its quantitative results, thus providing evidence-based insights into what worked well and what needs to be changed or adapted in the next project.

During the first phase of evaluation, the evaluator conducted a comprehensive desk review of the project documentation, in particular the original PIP and PD, Progress Report 2023, Annual Report 2023, Grants Report, Financial Report, PPP of the Board Meeting, Minutes of the Local Project Appraisal Committee; project-related materials and survey results; and policy and strategic documents from the UN and Government of Ukraine. *The full list of documents consulted is found in Annex 4.*

During this phase, the evaluator also finalised the evaluation methodology, including preparing a schedule of tasks and activities, the tools for data collection and analysis (i.e., tailored questionnaires) and making an outline of the evaluation report. An evaluation matrix covering main and follow-up evaluation questions was prepared, building up on the evaluation criteria provided in the Terms of Reference (ToR). In close collaboration with the project team, the evaluator also prepared and finalised the list of partners/stakeholders/beneficiaries to be interviewed. Sources were selected for their ability to contribute relevant and representative data to answer evaluation questions.

During the second phase of the evaluation, the evaluator engaged with the project team and the various project partners, stakeholders and beneficiaries through virtual meetings, using Team and Zoom conference platforms.

The evaluator held meetings with the project team, with up to seven team members participating in the meetings. He also interviewed the UNDP Democratic Governance Team Leader and the UNDP Democratic Governance Analyst (one joint meeting). This was followed by several email exchanges with the project team and the UNDP M&E officer.

Partners, stakeholders and beneficiaries consulted included government counterparts, the World Health Organization (WHO), consultants hired by the project, rehabilitation facilities, vocational education training centres, State Employment Service and project CSO grantees. Thirty persons (22 women and eight men), representing partners, stakeholders and beneficiaries, participated in these meetings.

The meetings were framed as discussions, using a participatory and inclusive approach. Along with the increased data and related additional questions (cross- and double/counter checking, following up on leads and pending issues to clarify potential contradictions), an iterative logic was applied.

The full list of meetings is found in Annex 3.

DATA ANALYSIS

Quality control

As a first step for ensuring quality control, the evaluator submitted an Inception Report and incorporated the feedback received from UNDP.

In selecting key respondents, the evaluator used purposive sampling, selecting respondents who he believed represented the full range of diversity of the project's partners and beneficiaries.

In collecting and analysing data (for key findings), the evaluator used triangulation techniques, i.e. confirmation/corroboration via different quantitative and/or qualitative sources.

Preliminary findings were presented and discussed at an online triangulation workshop on 14 May 2024. Feedback from the workshop was incorporated into the draft document. This was submitted by the evaluator on 19 May. Comments received on the draft document were incorporated into the final document.

The overall execution of the Decentralized Evaluation of the PRWD project followed the 2021 UNDP Evaluation Guidelines. The evaluator signed the pledge to abide by the UNEG Ethical Guidelines for Evaluation.

Limitations

Some of the project activities were still ongoing at the time of the evaluation (April – May 2024) as the project has been extended until 31 December 2024.

Much of the data available from the project was not disaggregated by gender or other social variables.

FINDINGS AND CONCLUSIONS

RELEVANCE

As part of their response to the war challenges, donors provided unallocated funds to UNDP, which opted to use some of these funds on a rehabilitation project for war-disabled persons, as it was apparent that the country did not have sufficient and adequate resources to respond to the needs created by the war.

The evaluator believes that it was highly relevant for UNDP to launch a pilot project to support the rehabilitation of war-disabled persons. There were 2.7 million PWDs in Ukraine in 2021. As a result of the Russian war of aggression, the number of PWDs is now increasing rapidly – both among combatants and civilians who suffer from shelling, bombing and other injuries caused by military actions.¹⁶ This number is now estimated at 3 million and continues growing. There is consequently a huge demand for rehabilitation services.

The rehabilitation of PWDs is multi-dimensional: the needs of PWDs are medical, psychological, social and economic. Thus, it was highly relevant for the UNDP project '*Supporting the rehabilitation of persons with disabilities caused by the war*' (RPWD) to address all three dimensions of the problem. The project's partners and stakeholders interviewed by the evaluator particularly valued the multi-dimensional aspect of the project.

A reform of the system of rehabilitation of PWDs had begun before the war. However, by the time of the Russian full-scale invasion in February 2022, there were several non-finalised policies which hindered the functioning of the rehabilitation system. **It was therefore relevant for the RPWD project to have a component that focused on developing the capacity of the Government of Ukraine in terms of policy analysis and adapting existing legislation to the new crisis situation.**

Before the war, the existing rehabilitation centres or facilities were not equipped to provide different needs-tailored services or create prostheses and orthoses. Furthermore, there was a lack of medical and non-medical staff with the appropriate skills and competencies to meet rehabilitation needs.¹⁷ The growing number of PWDs caused by the war – both combatants and civilians – has led to an increased demand for assistive technology products to help individuals with cognitive,

¹⁶ Rights of persons with disabilities during the war in Ukraine, Summary of monitoring report, Kharkiv Institute of Social Research, League of the Strong, National Assembly of People with Disabilities, European Disability Forum, February 2023.

¹⁷ Technical support mission to Ukraine on disability, rehabilitation and assistive technology, WHO, 10 July – 6 August 2022.

communication, hearing, mobility, self-care or vision issues. **Thus, it was important for the RPWD project to develop the capacity and skills of rehabilitation professionals and to upgrade and equip rehabilitation facilities.**

Along with the Ministry of Health (MoH), the Ministry of Social Policy (MoSP) is a key actor in the process of rehabilitation of PWDs because of its responsibility for delivering social payments. The increase in the number of PWDs as a result of the war made it necessary to overhaul the social benefits system. **As UNDP Ukraine already had a long history of working with the MoSP, it was also relevant for the project to support the Ministry in overhauling the social benefits system**

It was also important to support the participation of PWDs in economic activities as their socio-economic integration promotes equality and inclusion in society. By being actively engaged in economic activities, PWDs can develop a sense of purpose and fulfilment and build their self-confidence and self-esteem. In the Ukrainian context, the ever-increasing number of people disabled as a result of the war, and the burden it places on the state budget, makes their socio-economic integration all the more necessary. **It was therefore relevant for the RPWD project to have a component dedicated to this purpose.** With a view to creating jobs for PWDs, the project worked with the State Employment Service of Ukraine, Vocational Education Training (VET) schools and employers, but not with the Ministry of Economy, which may have limited the scope of its activities, as this Ministry keeps abreast of labour market trends. As this was a pilot project, the lesson should be learned when a full-scale project is developed and implemented from 2025 onwards.

One of UNDP's strengths in relation to the RPWD project was its ability to get donors on board and launch this pilot project very quickly, using the Initial Plan modality.¹⁸ However, there were delays in forming the project team and delivering some of the activities, delays that are explained in the 'Efficiency' section of this document.

Partners and stakeholders interviewed by the evaluator highlighted two particular strengths of UNDP Ukraine: firstly, its ability to implement pilot projects, which, if successful, can be scaled up and become a model for the government and other organisations to replicate; and secondly, its capacity to develop human capital.

Finally, the RPWD project remains relevant at the time of this evaluation as the war is still ongoing and the needs of war-disabled persons have not abated and are not expected to in the foreseeable future.

Government of Ukraine's policies and strategies

The RPWD project is relevant to the Government of Ukraine's policies and strategies, in particular its National Strategy for a Barrier-Free Environment in Ukraine (2021), which aims to eliminate barriers to build a society free from discrimination and prejudice against PWDs. It is also relevant to the Government's emergency early recovery priorities, national policy reform priorities and national sectoral strategies.

United Nations' policies and strategies

The RPWD project is relevant to the UN Transitional Framework for Ukraine (September 2022 – December 2024), UNDP Strategic Plan 2022-2025, UNDP Country Programme Document (2018-2024).

¹⁸ As the project has been extended beyond the 18 months initially planned, it has now been converted to a Standard Development Project, with a Steering Committee and Project Board meetings.

It is relevant to – and a fulfilment of – the UNDP Ukraine Resilience Building and Recovery Framework for Ukraine.

The Recovery Framework is composed of five pillars: (1) Crisis Response; (2) Public Services; (3) Reconstruction for Recovery and Return; (4) Inclusive Economic Growth; (5) Social Cohesion and Inclusion.

While being relevant, to some extent, to all five pillars, the project specially contributes to:

Pillar 2 – Public Services: *Physical and mental health needs; Human rights and access to justice;*

Pillar 5 – Social Cohesion and Inclusion: *Preservation of social fabric; Reintegration of war veterans; Women's empowerment; Disability inclusion and rehabilitation.*

Sustainable Development Goals

The RPWD project is relevant to the achievement of the SDGs, in particular:

Goal 3: *Ensure healthy lives and promote well-being for all at all ages;*

Goal 11: *Make cities and human settlements inclusive, safe, resilient and sustainable;*

Goal 16: *Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.*

COHERENCE

External coherence

The RPWD project built up on previous and ongoing lessons and efforts from UN agencies and others, notably the joint USAID/WHO project '*Strengthening Rehabilitation Services in Health Systems*', which focused on introducing best practices to physiotherapists in Ukraine, supporting the development and implementation of national rehabilitation policies, regulations and protocols, and generating greater demand for rehabilitation services at the community level. This project came to an end in June 2002, two months before the launch of the PRWD project.

In line with UNDP's mandate, the project focused on building the capacity of the various actors supporting rehabilitation. In doing so, it complemented the projects of other actors such as the World Health Organization (WHO), which has a mandate to support medical rehabilitation.¹⁹ Nevertheless, there was some overlap between UNDP and WHO, as both organisations provided medical equipment, including assistive technologies, to rehabilitation facilities. The supply of such equipment by UNDP, as well as the retrofitting of facilities, went hand in hand with the upgrading of skills of the medical staff from these facilities.

¹⁹ See '*Providing rapid access to assistive technology in times of war – lessons learned from Ukraine*', News release, 13 March 2004 - <https://www.who.int/europe/news/item/13-03-2004-providing-rapid-access-to-assistive-technology-in-times-of-war--lessons-learned-from-ukraine>. Also see Technical Support mission to Ukraine on disability, rehabilitation and assistive technology, World Health Organization, 10 July – 6 August 2022.

National Strategy for a Barrier-Free Environment in Ukraine

The RPWD project is aligned with the priorities of the Government of Ukraine and coherent with the National Strategy for a Barrier-Free Environment in Ukraine (2021). Indeed, it has contributed to the implementation of the strategy through initiatives to improve medical and social services for PWDs and promote their full participation in public and professional life.

United Nations policies and strategies

The RPWD project is aligned with UNDP Strategic Plan 2022-2025, UNDP Country Programme Document (2018-2024), the UN Transitional Framework for Ukraine, as well as UNDP's Resilience Building and Recovery Framework for Ukraine, which is the organisation's results-based umbrella response to the war and its impact.

This framework outlines UNDP's strategy and actions to: support the Government of Ukraine's crisis coordination; assist the Government with recovering planning and aid effectiveness; strengthen public services; foster inclusive economic growth; support reconstruction for recovery and return; and promote social cohesion and inclusion. The rehabilitation of PWDs caused by the war contributes to social cohesion and inclusion (including the preservation of social fabric), and is a fulfilment of human rights (including physical and mental health needs). As such, it is coherent and part and parcel of the UNDP Resilience Building and Recovery Framework.

Sustainable Development Goals

The RPWD project is coherent with the SDGs, in particular:

Goal 3: *Ensure healthy lives and promote well-being for all at all ages;*

Goal 11: *Make cities and human settlements inclusive, safe, resilient and sustainable;*

Goals 16: *Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.*

Internal coherence

The RPWD project also built synergies with other UNDP projects, in particular the '*Human Rights for Ukraine*' Project and the '*Civil Society and Youth Support Project*'.

While all three projects supported the implementation of the Convention on the Rights of Persons with Disabilities (CRPD), including the realisation of the right to accessibility (art. 9), in their respective field of action and with their respective partners, they also conducted joint activities. For example, the RPWD project collaborated with the '*Human Rights for Ukraine*' project on training regional representatives from the Ombudsperson's Office to monitor the right to rehabilitation, and collaborated with the '*Civil Society and Youth Support*' project on awarding grants to CSOs to enable them to carry out various activities in support of rehabilitation.²⁰

EFFECTIVENESS

The evaluator found that the RPWD project had achieved significant, even transformative results, helping to establish a new approach to the rehabilitation of PWDs in Ukraine.

The project spearheaded the new practice (now enshrined in law) of integrating social workers into multidisciplinary rehabilitation teams; contributed to a reform of the social insurance system and the development of a new social benefits system for PWDs; drew up the National Operational Plan

²⁰ HR4U Project Manager, 22.04.2024; Civil Society and Youth Support Project Manager, 23.04.2024.

for rehabilitation 2024-2026; developed a methodology to be used by the Ombudsperson’s Office to monitor compliance with the right of PWDs to rehabilitation; conducted a nation-wide survey on rehabilitation needs to inform government policies; and conducted a communication campaign that reached more than 11 million people (well beyond the figure of 200,000 viewers that the project had initially predicted).

The project also developed the capacity of more rehabilitation professionals than predicted in its target indicators. It trained 2,527 professionals in rehabilitation, social services and disability inclusion; provided rehabilitation equipment to 13 healthcare facilities; contributed to the establishment of a ‘School of Mobility and Orientation’ and a ‘School of Digital Skills’ for persons with visual impairment; developed and piloted a model for the rehabilitation of persons with visual impairment based on international best practices; contributed to the establishment of a ‘School of Independent Life’ for people with cognitive disabilities; and provided equipment to improve the production of one of the only two prosthetic and orthopaedic enterprises in Ukraine.

At the time of the evaluation, 14,859 persons had benefited from the project’s activities, including 10,873 persons who had received psychological and legal assistance, 1,459 persons who had benefited from rehabilitation services, and 2,527 persons trained in rehabilitation social services and disability inclusion.

The project was creative in supporting job creation for PWDs. It broke new ground in helping vocational teachers understand how to teach PWDs and create an accessible work environment for them. However, its initial plans were too ambitious and thus, its targets were not met within the project’s initial 18-month period. This was due to difficulties in finding contractors to renovate and equip vocational schools and State Employment Service centres, as well as an initial overestimation of the capacity of Ukrainian CSOs to work on the rehabilitation of PWDs. However, the project has learned from these difficulties and, thanks to its no-cost extension until the end of 2024, is now well on the way to meeting or even exceeding its initial targets in terms of the number of PWDs trained or retrained to meet the current labour demand and the number of self-employed PWDs.

Overall, the project showed flexibility and resilience in a field that requires new approaches, and in an environment made more difficult by the war. In the words of one of the interviewees, *“rehabilitation is a very dynamic field in Ukraine right now”*. Often, this made planning ahead difficult for UNPD. However, the project team tried to remain flexible as reforms are still underway.

Output 1	The Government of Ukraine enabled to design new policies and regulations to better protect, respect and fulfil the rights of PWDs, with the focus on rehabilitation
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INTEGRATION OF SOCIAL WORKERS INTO MULTIDISCIPLINARY TEAMS

According to best medical practices, providing comprehensive rehabilitation and psychosocial support requires multidisciplinary teams of specialists, including medical professionals and social workers.²¹ Social support plays a crucial role in the rehabilitation of PWDs.

The RPWD project piloted an innovative model of integrating social workers in multidisciplinary rehabilitation teams. To this end, it prepared and shared a set of documents explaining the role and functions of social workers in healthcare facilities and providing other essential information concerning the provision of services by social workers. It conducted training for social workers on

²¹ Ukraine – Third Rapid Damage and Needs Assessment (RDNA3), February 2022 – December 2023.

issues such as psychosocial support, motivational counselling, ethics, legal aspects and personal data protection.

This innovative model was piloted in 14 healthcare facilities selected by state partners in nine oblasts covering 12 cities (Chernihiv, Dnipro, Drohobych, Ivano-Frankivsk, Khmelnytskyi, Lviv, Pavlohrad, Poltava, Rivne, Klevan, Sumy and Vinnytsia).

The government was satisfied with the early results of the piloted model and the law 'On Rehabilitation in the Field of Healthcare' was amended accordingly. Key resolutions were adopted, including Resolution of Cabinet Ministers of Ukraine (CMU) No. 12854 regulating the social workers' scope of work in multidisciplinary teams; MoH's order No. 2034 that amended the composition of multidisciplinary teams to include social workers; and amendment to the Medical Guarantee Programme 2024 that makes it compulsory for rehabilitation facilities contracted by the National Health Service of Ukraine (NHSU) to employ a social worker as part of a multidisciplinary rehabilitation team.

This model is now being applied in 295 healthcare facilities in Ukraine.

At the time of the evaluation, the RPWD was preparing ToR for the capacity development of social workers in rehabilitation teams, in close collaboration with the MoH. The proposed online course will be uploaded to the NHSU educational platform.

The stakeholders interviewed by the evaluator were pleased with the approach taken by the project, which consisted in piloting the model - to learn what works and what does not - before implementing it on a large scale.

Challenges

One of the current challenges is that social workers in rehabilitation teams do not earn much while having a heavy workload. This is demonstrated by the words of the Ukrainian NGO "SpivDiia" (responsible for recruiting the social workers), which told the evaluator that it had been very difficult to find 14 social workers in the current situation of war.²² The MoSP also stated that further training is needed for social workers to fulfil their role adequately in multidisciplinary rehabilitation teams.²³



²² CSO "SpivDiia", Lviv, 22.04.2024.

²³ Key Informant, 24.04.2024

NATIONAL OPERATIONAL PLAN 2022-2024

Although it was not possible for the RPWD project to address the full spectrum of rehabilitation needs within such a short period, it did provide the overall architecture for addressing such needs, in particular through the elaboration of the National Operational Plan 2022-2024 for the rehabilitation of PWDs.

The Plan, which was drafted by an RPWD consultant, introduces a patient-centred and evidence-based approach to rehabilitation in Ukraine for the first time, sets out strategic priorities and provides a timeline for the implementation of rehabilitation activities.

The Plan was elaborated in close consultation with the Office of the President of Ukraine and the MoH but also with other stakeholders, including – importantly - organisations representing persons with disabilities.²⁴ In addition to the Plan, the project also drafted Guidelines for the MoH on further steps to enhance the qualifications of Ukrainian rehabilitation specialists.

The Plan has the merit of laying the foundations for people-centred rehabilitation in accordance with international standards (such as those outlined in the 2019 Inter-Agency Standing Committee Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action). However, an official from the MoH interviewed by the evaluator pointed out that the country currently lacks the financial and human resources to implement the plan.²⁵

SOCIAL BENEFITS SYSTEM

The RPWD project contributed to a reform of the Ukrainian social insurance system for people with disabilities. It commissioned the KPMG consulting firm to conduct an analytical review and comparative analysis of existing legal and business processes related to the social insurance system.

KPMG developed a detailed policy proposal which provides for the participation of private insurance companies in disability payment benefits; the introduction of new approaches to disability status, terms and functions of expert commissions; and the use of digitalization strategies in line with international best practices. The development of this model, led by KPMG, was carried out in close consultation with the Office of the President of Ukraine, the MoSP, the MoH, the Ministry of Finance, Ukraine's Pension Fund, the National Bank of Ukraine and private insurance companies.²⁶

This innovative service delivery model is expected to improve the efficiency and effectiveness of the Ukrainian social insurance system, in particular to optimise the transition of PWDs from rehabilitation to employment and to provide a tailored approach to the specific needs of individuals.²⁷

An increase in the efficiency of the social insurance system is extremely important for Ukraine due to budget constraints caused by war, the increasing number of people in need of social services, and historically burdensome procedures of social services.²⁸

²⁴ RPWD team, 09.04.2024.

²⁵ Key Informant, 24.02.2024.

²⁶ KPMG Ukraine, 1 May 2024.

²⁷ Ibid.

²⁸ "Creating a new system of transition from rehabilitation to employment services and benefits", Inception Report, UNDP Ukraine.

RESEARCH ON REHABILITATION TO ENABLE INFORMED GOVERNMENT POLICIES

The RPWD project conducted a nationwide survey on rehabilitation needs in October 2023. A total of 2014 telephone interviews were conducted, with one third of respondents reporting that either they or their family members/friends had experienced injuries, health impairments or illnesses since 24 February 2022.²⁹

According to respondents, the most needed rehabilitation services included psychological support (55%), physical therapy (41%) and occupational therapy (14%). Reported barriers to rehabilitation care included lack of financial resources, lack of qualified professionals, uncertainty about entry points to receive assistance, lack of necessary documents or difficulties in obtaining them, and lack of nearby rehabilitation centres or facilities.³⁰

To complement the quantitative data, a qualitative study focusing on the experience of patients who had received rehabilitation care was conducted with UNDP support. Findings from this qualitative study showed, in particular, a lack of information about the availability of rehabilitation services and the need for clear service packages and standards of service delivery for these patients.

The research results were presented and extensively discussed at a nationwide rehabilitation conference organised by UNDP on 21 November 2023, with the participation of key governmental stakeholders, healthcare institutions and local authorities. At this conference, UNDP stressed, in particular, the importance of psychological and social support to PWDs and the need to consider not only the most visible physical traumas but also less visible traumas such as speech impairment.

The nationwide survey carried out by the RPWD project fulfilled its role to provide up-to-date information about rehabilitation needs in a rapidly changing context. **It has enabled the project to better target its programme to support the rehabilitation of PWDs and to ensure that it is evidence-based.**

NATIONWIDE SURVEY ON DISABILITIES CAUSED BY THE WAR	31% reported injuries or other health issues since 24.02.2022 <ul style="list-style-type: none">• Mental disorders (64%)• Physical injuries (46%)• Deafness or severe hearing loss (29%)• Blindness or severe vision impairment (28%)• Speech impairments (20%)• Loss of limbs (11%) Most needed rehabilitation services: <ul style="list-style-type: none">• Psychological support (55%)• Physical therapy (41%)• Occupational therapy (14%)
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²⁹ Review of Programme for Democratisation, Human Rights and Civil Society Development, 2023 Annual Progress Report, UNDP Ukraine

³⁰ Ibid.

NEW METHODOLOGY FOR MONITORING THE RIGHT TO REHABILITATION OF PWDs

In close collaboration with the UNDP *'Human Rights for Ukraine'* project, the RPWD project supported the Ombudsperson's Office³¹ in designing a methodology for monitoring the realisation of the PWD's right to rehabilitation and piloting it during joint visits to local authorities and facilities.

Fourteen regional representatives of the Ombudsperson's Office underwent training and conducted monitoring visits in 11 communities across eight oblasts.

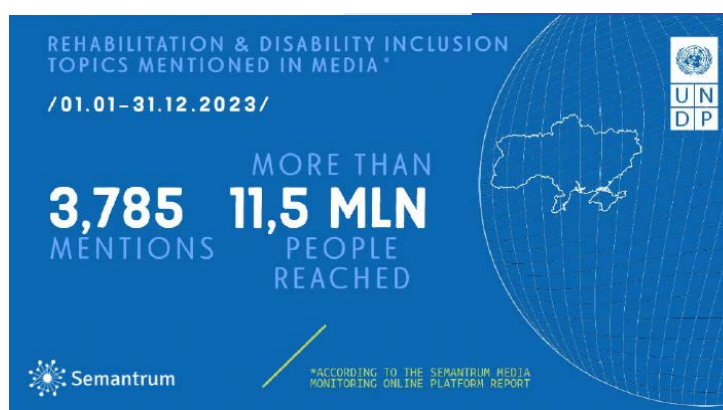
A report was subsequently developed, containing findings from the visits and recommendations on how to improve monitoring the right to rehabilitation of PWDs.

This methodology has now been adopted by the Ombudsperson's Office and will be used country-wide.

This collaboration between these two UNDP projects contributed to a twofold objective: (1) to put in place a protocol for the systematic monitoring of rehabilitation of PWDs; (2) to strengthen the capacity of the regional representatives of the Ombudsperson's Office to monitor human rights.

AWARENESS-RAISING CAMPAIGN

In 2023, the RPWD project conducted awareness-raising activities on the rehabilitation of persons with disabilities. According to the *Semantrum* media monitoring system, these activities reached approximately 11.52 million users, with 3,785 digital publications related to UNDP's rehabilitation work viewed.



A motivational video was produced and distributed showing success stories of PWDs having gone through rehabilitation.

The project also contributed to a mine victim assistance campaign by the UNDP project *'Promotion of human security in Ukraine through responding to the multidimensional crisis caused by the war'*. It helped to produce communication material for this project, including on access to prosthetics.

In 2024, the project is planning to conduct another campaign to highlight and explain about the new rehabilitation service delivery model. At the time of the evaluation, it was awaiting adoption by the *Verkhovna Rada* (unicameral parliament of Ukraine) of the new law governing the provision of rehabilitation service delivery for PWDs before launching the campaign.

³¹ The Ombudsperson's Office is responsible for promoting and monitoring the effective implementation of human rights in Ukraine.

Output 2

Rehabilitation institutions have enhanced technical expertise, capacities and equipment to ensure necessary service provision.

CAPACITY ENHANCEMENT OF REHABILITATION SPECIALISTS AND FACILITIES

At the request of the MoH, the RPWD project carried out a comprehensive assessment of educational needs for rehabilitation specialists to ensure targeted professional training for healthcare workers. A Concept Note on capacity development in the rehabilitation system was developed, providing an overview of international best practices and recommendations on the qualification requirements for rehabilitation specialists. Following this, interviews with multidisciplinary teams in five rehabilitation centres were conducted to identify their exact educational and professional development needs.

The project also supported the professional training of healthcare workers. At the time of the evaluation, 2,527 professionals had been trained by the project, including managers in healthcare on accessibility and universal design principles, professionals of Territorial Centres for Recruitment and Social Support throughout the country on social support; representatives of multidisciplinary rehabilitation teams and healthcare providers on ethical communication and motivational counselling; and social workers on psychosocial support with visible and invisible war trauma and the legal aspects of social support.

However, there is a need for continuous professional development for health professionals working in rehabilitation.

The National Rehabilitation Centre 'Unbroken' in Lviv told the evaluator that nowadays, because of the war, many of the patients they treat have complex injuries, including blast injuries, and that their medical professionals need further training to deal with these.³² Due to the lack of rehabilitation specialists before the war, a number of medical staff had to be retained from other specialities.

To address this gap, **the RPWD project has submitted a training plan proposal to the MoH comprising of recommendations to enhance the qualifications of Ukrainian rehabilitation specialists**, including through educational visits to foreign rehabilitation centres.

In conjunction with the professional training of healthcare workers, the project took initiatives to address the critical equipment needs of hospitals, rehabilitation and prosthetics facilities, including through the delivery of assistive technology products. At the time of the evaluation, some 13 rehabilitation facilities had received UNDP-supported equipment. Another six are expected to by the end of 2024.

The Rehabilitation Centre 'Unbroken' in Lviv indicated that the equipment provided by UNDP had supported 1,100 patients in the last 12 months.³³ The Bobrynets Hospital in Kirovohrad oblast reported that the RPWD project had enabled the hospital to set up an outpatient rehabilitation department, thanks to which 509 patients had been able to receive treatment.³⁴ The Regional Clinical Centre of Neurology and Neurosurgery in Uzhhorod reported that the equipment provided by the project had benefited 273 patients. The Director of this Clinical Centre explained that the equipment had made it possible for the clinic to provide good quality services to their patients,

³² Rehabilitation Centre 'Unbroken', 19.04.2024

³³ Ibid.

³⁴ Municipal non-profit Enterprise Bobrynets Hospital, 29.04.2024

which in turn motivates patients to have greater trust in the medical profession, in themselves and in the possibility of a cure or rehabilitation.³⁵

Another significant achievement was the delivery of equipment that improved the production and quality of prosthetic limbs at Dnipro Experimental Prosthetic and Orthopaedic Enterprise, one of only two prosthetic technology enterprises in Ukraine. During the remainder of the year, the project is planning to provide the same equipment to the other prosthetic technology enterprise. It is expected that this new equipment will significantly increase the production of prostheses for patients.

Comments

The number of requests from rehabilitation facilities exceeded expectations as rehabilitation facilities gradually came to a better understanding of their needs. Early delays in the delivery of medical equipment and increased demand were the main reasons why the project had to be extended until the end of 2024. However, the system is now fully operational and equipment deliveries have accelerated since the beginning of the year.

The rehabilitation facilities interviewed by the evaluator were all very grateful to UNDP for providing this equipment. In some hospitals, this equipment made it possible to set up a rehabilitation unit for the first time. Some of those interviewed found the procurement process very complex, but were thankful to UNDP for helping them through it.

PEOPLE WITH VISUAL IMPAIRMENT

The RPWD project conducted an assessment of rehabilitation services for people with visual impairment.

The assessment showed that families of people with visual impairment needed psychological support as well as guidance on how to use mobility aids and how to adapt their homes so that their visually impaired family members could live there.

Following this assessment, the project developed a model for people with visual impairment and piloted it in Lviv and Vinnytsia. The model recommends a comprehensive approach aimed at improving the quality of life of people with visual impairment, including helping them to become financially independent.

The model was piloted in two selected rehabilitation facilities in Lviv and Vinnytsia and is now being improved. The project also developed an action plan for implementing the model, which they hope will be incorporated into the Government of Ukraine's Barrier-Free Environment Action Plan.³⁶ The model and lessons learned from piloting were presented to government stakeholders and healthcare facilities at a nationwide rehabilitation conference, organized by UNDP on 21 November 2023.

The MoH has expressed reservations about the UNDP model, not on technical grounds but because it requires additional financial resources from the state and a funding mechanism.³⁷ However, it is worth noting that this model has been adopted by several NGOs in Ukraine, although it has not yet been approved by the MoH. The State Rehabilitation Centre 'Podillya' in Vinnytsia, which is the only government institution working for the rehabilitation of people with visual impairments, told the

³⁵ Municipal Enterprise 'Regional Clinical Centre of Neurology and Neurosurgery', 30.04.2024

³⁶ Review of Programme for Democratisation, Human Rights and Civil Society Development in Ukraine, UNDP, 31.01.2024.

³⁷ Key Informant, 24.04.2024.

evaluator that they were grateful to UNDP for developing and piloting this model for rehabilitation of people with visual impairment.³⁸

The stakeholders interviewed by the evaluator were pleased with the project's initiative in this area, as it has contributed to filling the gap that exists in Ukraine with regard to the needs of people with visual impairment.

One of the main challenges remains the lack of professionals in Ukraine with specialist knowledge of the needs of people with visual impairment and their rehabilitation.

Specific groups of PWDs supported by the project

Support to people with musculoskeletal impairments	<ul style="list-style-type: none"> (1) A two-week programme to improve the skills of prosthetists at the 'Unbroken' Rehabilitation Centre on lower limb prosthetics; (2) Installed and equipped a kitchen accessible to wheelchair users at Dnipro's transition shelter.
Support to people with cognitive disabilities	<ul style="list-style-type: none"> (1) Set up a 'School of Independent Life' at the 'Podillya' Rehabilitation Centre in Vinnytsia (<i>where people with cognitive abilities were taught daily living skills</i>); (2) Developed a methodology for the psychological support of people with cognitive disabilities and presented it to 70 healthcare professionals; (3) Provided equipment to support children with cognitive disabilities in Dnipro.
Support to people with hearing loss	<ul style="list-style-type: none"> (1) Trained 70 primary healthcare physicians from Dnipro and Zaporizhzhia and Ivano-Frankivsk on early hearing diagnostic techniques; (2) Provided hearing aid, psychological support and speech therapy to 24 people with hearing loss.
Support to family members of PWDs	<ul style="list-style-type: none"> (1) Supported 45 women through programme for family members at Kremenchuk Hospital for Veterans.

³⁸ Rehabilitation Centre 'Podillya', Vinnytsia, 30.04.2024.

Inclusion of PWDs

According to the Third Rapid Damage and Needs Assessments covering the period from February 2022 to December 2023, veterans, largely of working age, will be in need of livelihood support and long-term employment when they demobilise or become disabled.³⁹

The RPWD project has contributed to the creation of an enabling environment for better economic opportunities for war-disabled people.

A total of 60 teaching staff from vocational education training (VET) centres in Vinnytsia, Lviv, Dnipro and Ukrainka (Kyiv oblast) improved their skills in teaching PWDs. The course called 'Special Considerations when working with PWDs' consisted of three sessions: (1) Inclusivity and diversity for disabled students; (2) Psychological communication aspects of educating PWDs; (3) Methodology for educating disabled students. Teaching of this course was supported by the National Psychological Association of Ukraine. The facilities in these VET centres were also retrofitted and adapted to meet the needs of PWDs, and received IT equipment.

The project also worked with Ukraine's State Employment Service, training 100 staff representing 13 different regions of Ukraine on 'Special Considerations when working with PWDs'. In addition, it retrofitted and equipped four State Employment Centres in four regions (Lviv, Vinnytsia, Bila Tserkva and Kryvyi Rih). In each of these centres, a special room, adapted to the needs of PWDs, was created, and IT equipment and furniture were provided.

³⁹Third Rapid Damage and Needs Assessment, op. cit.

DNIPRO SCHOOL No. 2

Together with the Ministry of Education and Science, the RPWD project carried out a survey among more than 2,000 VET teachers in Ukraine to find out what they knew about teaching PWDs. Based on the results of the survey, the project trained VET teachers at the Dnipro School No. 2, with the support of the Association of Psychologists of Ukraine. Three sessions were held: (1) inclusivity and diversity for disabled students; (2) psychological and communication aspects of training students with disabilities; (3) methodology for training PWDs.

In close cooperation with the Dnipro City Labour and Employment Inspectorate, the project then chose a profession to train PWDs in. They opted for the profession of system administrator as there is a high demand for such professionals in local government bodies and as the profession also fits PWDs who are physically challenged. Together with the Science Department of Dnipro School No. 2, the project designed the curriculum for a 3-month course. The project also provided 11 workstations for the computer lab, software, IT equipment, peripherals and furniture for disabled students.

According to a senior employment official of the City Council of Dnipro, the short online course for system administrators was extremely valuable as there is a lack of such courses in Ukraine, as most courses organised by the State Employment Service are one-year courses, which is a disincentive for PWDs who cannot wait a year to find a job. She explained that such short online courses can boost up the self-confidence of war-disabled persons and contribute to their socialisation. In addition, they are popular with employers who have lost staff during the war due to the Ukrainian army mobilisation and cannot wait a year before taking on new staff

Ten PWDs trainees completed the course, six of whom have now found employment. The other four, for various reasons, are not currently looking for employment.

A number of additional training courses to support the employment of PWDs took place between January and April 2024, including for barbers, prosthetist assistants, operators of civil unmanned aerial vehicles, videographers and handcrafters in Lviv oblast; electric and gas welders, workers for complex maintenance and repair of buildings, furniture makers, seamstresses and massage therapists in Dnipro oblast; and entrepreneurs in Vinnytsia oblast. These training courses were organised with the support of 11 project CSO grantees. Necessary equipment and tools were purchased to enable VET schools to meet the educational needs of PWDs.

Through these activities, the RPWD project has also contributed to strengthening cooperation between the State Employment Service and VET schools, both of which are key actors in training or re-training people seeking employment.

Promotion of entrepreneurship and self-employment among the PWDs via an integrated motivation campaign on business

A specialized training course 'We are future colleagues' was developed to support the creation of an inclusive working environment. This video course for employers (of 7 episodes) aims to facilitate the integration of war-disabled persons into the labour market by destigmatizing their employment. It shows how an inclusive environment in the private sector can bring it closer to progressive global standards and open more opportunities for their business. It was uploaded to the UNDP 'Start.Business' business online platform with supporting learning and knowledge materials.

The video course was presented at a high-level event on 28 March 2024 attended by leading members of the Ukrainian business community who are likely to employ PWDs. The Diia business platform (large-scale national project for entrepreneurship and export promotion initiated by the Ministry of Digital Transformation of Ukraine) will host it after it has been modified according to the platform specifications.⁴⁰

UNDP has found that there is definitely an interest among many employers to hire PWDs when they see how PWDs can contribute to their business.⁴¹

The project also developed a motivational video about businesses run by PWDs. The concept has been elaborated by PWDs who are entrepreneurs and CSOs. Designed for the general public, it will go on the popular Ukrainian online platform <https://shotam.info>.

Challenges

The main challenge for this component of the project was to find contractors to carry out construction or refurbishment work and supply equipment to adapt State Employment Service centres and VET schools to the needs of PWDs. This caused delays in the delivery of planned activities. However, now that the project has been extended until the end of 2024, its target indicators will not only be met, but exceeded.

The fact that the Ministry of the Economy was not involved in the project may have prevented it from having a more accurate picture of the Ukrainian labour market and future prospects in this area.

⁴⁰ <https://business.diia.gov.ua/en>

⁴¹ Interview with HR4U Project Manager.

EFFICIENCY

The RPWD project has achieved very significant results despite a number of hurdles in its path, many of which caused - directly or indirectly - by the Russian war of aggression.

The first hurdle facing the project was setting up the team. It took a long time for the team to be up and running. In 2022, the project manager was on her own most of the time and also had to divide her time with another UNDP project. One of the reasons for the difficulties in recruiting team members was UNDP's requirement that staff no longer work remotely. Using a recruitment company also proved to be a poor solution. The team was only complete in April 2023, that is, nine months after the start of a project initially scheduled to last 18 months.

Another problem was the procurement and delivery of equipment to rehabilitation facilities. First, the protocols of equipment and assistive devices were adopted by the MoH belatedly (on 31 May and 1 July, respectively), which caused delays in conducting the assessment of equipment needs of healthcare facilities. The identification of these needs also was slower than expected due to a lack of qualified specialists to carry out the assessments. There are few national specialists to conduct such assessments and it was problematic to call on international specialists (assuming they agreed to come to Ukraine in times of war), because Ukrainian norms and standards are sometimes different from international norms and standards. Also, the provision of inputs on needs by healthcare facilities was often untimely and incomplete. In addition, much of this equipment was not available on the Ukrainian market as the supply chain was broken because of the war.

In Output 3, which aimed to improve the economic integration of PWDs through livelihood support, there were sometimes problems in finding contractors to renovate and equip VET schools and State Employment Service centres to meet the needs of PWDs.

For these reasons, the budget execution rate was only 62% on 31 March 2024, which is the completion date used for this evaluation. The project, eventually, overcame these difficulties but this made it necessary to extend its duration beyond the 18 months initially planned. The system is now fully operational and the delivery of equipment has accelerated since the beginning of the year.

These difficulties notwithstanding, the project has achieved very significant results and it has done so using few financial resources. For example, it spearheaded policy and legal amendments using only one expert. Its communication campaign used only a small budget but it reached more than 11 million people as its various topics were widely shared and reposted by viewers for their interesting content.

Partnership with civil society organisations

The RPWD project actively partnered with CSOs to support the needs of war-disabled persons and to create and stimulate conditions for their long-term social and economic integration.

Over the period covered by this evaluation, 34 local and national CSOs were supported by UNDP grants totalling USD 1,300,000. As a result, almost 9,000 persons received legal and psychosocial support, including 2,527 individuals trained in rehabilitation, social services and disability inclusion. The CSOs also contributed to the retrofitting and physical rehabilitation of 13 facilities.

One of the challenges was that although there was a vibrant civil society in Ukraine before the war (thanks in part to efforts to this end by UNDP and other international partners over the past decade), few CSOs had experience of working with PWDs.

Project CSOs grantees were grateful to the organisation for the opportunity to carry out projects in support of the rehabilitation of PWDs. They were satisfied and impressed with the commitment,

competence and level of support by the RPWD project. They were also grateful for the opportunity to build their skills in a new area of work, which, due to the war, will remain a priority for the next few years.

Conversely, the project also benefited from the experience of two CSO grantees who were organisation for persons with disabilities, namely the National Assembly for PWDs in Ukraine and the Luhansk Association of Organisations of PWDs. Thanks to their long experience in this field, the participation of these two CSOs greatly contributed to enhancing the project's understanding of the needs of PWDs.

Although the CSO grantees were very satisfied with the way the project was run, they did say that they found the registration process somewhat cumbersome and intrusive, particularly because of the need to provide detailed information about their staff and the staff of the rehabilitation facilities they were supporting.

Monitoring & Evaluation

The project worked closely with grantees and other partners and retrieved data on a monthly basis. Project results were uploaded together with relevant documents. This allowed UNDP to produce reports on request.

The initial monitoring tools used by the RPWD project for its grantee partners did not include disaggregation. This was later corrected with the introduction of the Sex, Age and Disability Disaggregated Data (SADD). However, the data collected in this way is not yet available at the time of the evaluation.

SUSTAINABILITY

The evaluator believes that all of the project's activities are sustainable as they have become an integral part of the Ukrainian rehabilitation system.

The project's policy development was carried out at the request of, and in close collaboration with, policy makers.

For example, the project designed and piloted the new regulation that makes it mandatory to have a social worker in all multidisciplinary rehabilitation teams. After being piloted in 14 healthcare facilities, this procedure has become law and has been adopted in more than 400 facilities in Ukraine. All rehabilitation facilities registered with the NHSU are now required to employ a social worker.

The proposal for reforming the social benefits system for PWDs was developed in close consultation with the Office of the President of Ukraine, the MoH, the MoSP, the Ministry of Finance, Ukraine's Pension Fund, the National Bank of Ukraine and private insurance companies. While some of its legal details still need to be finalised, this proposal will constitute the backbone of the GoU's new policy regarding social benefits for PWDs.

The project has also set a number of milestones for Ukraine in the field of rehabilitation for PWDs through the development of the National Operational Plan for Rehabilitation 2024-2026, and through the development of a model for the rehabilitation of people with vision impairment (based on international best practices).

In collaboration with the '*Human Rights for Ukraine*' project, the RPWD project designed a methodology for monitoring the right to rehabilitation and trained regional representatives of the Ombudsperson's Office in the use of this methodology. The methodology was piloted in 11

communities across eight oblasts and is now part of the Ombudsperson's Office monitoring specifications.

In addition to policy development, the project has strengthened the capacities of Ukrainian healthcare institutions to provide medical and social services to war-disabled persons by providing essential skills to more than 700 medical and social professionals. It has supplied 13 healthcare facilities with rehabilitation equipment that, over time, will improve the lives of thousands, if not tens of thousands, of people of disabilities. These strengthened capacities will remain in place after the project ends and will serve the needs of war-disabled persons in the long term.

Finally, the project has worked with national and sub-national authorities on job creation for war-disabled persons. It has trained VET teachers and sensitized the State Employment Service and employers on the employability of PWDs and the need to create a work-friendly environment for them. While this is still at an initial stage, the project has laid the foundations for the development of long-term policies to include PWDs in the Ukrainian labour market.

Although the project has mainly focused on ex-combatants, it has developed techniques and approaches that, in future, can be applied to other groups, too, such as the families of ex-combatants. For example, the social workers who have been trained by the project in psychosocial support, motivational counselling, etc. will be able to use their new skills with target groups other than ex-combatants. Similarly, the scope of the new social benefit system, drawn up through the project, targets all persons with disabilities in addition to those disabled by war.

While many activities were on a small-scale, as befits a pilot project, their success has paved the way for them to be scaled up and sustained in the long-term.

CROSS-CUTTING ISSUES

HUMAN RIGHTS

It was the explicit objective of the RPWD project to contribute to the realisation of the human rights of PWDs, as laid out in the Convention on the Rights of Persons with Disabilities (CRPD), including but not limited to the rights to equality and non-discrimination (art. 5), to living independently and being included in the community (art. 19), to education (art. 24), to health (art. 25), to habilitation and rehabilitation (art. 26), to work and employment (art. 27), and to adequate standard of living and social protection (art. 28).

The RPWD project is based on a human rights approach and has applied HRBA principles in its implementation. The HRBA emphasizes empowering individuals to claim their rights, in particular the right to health. In a healthcare programme, this can involve providing information, resources, and opportunities for individuals to participate in decision-making processes.

The project applied the principle of non-discrimination by helping to make accessible healthcare services to vulnerable and potentially marginalised groups such as PWDs.

It strengthened the responsiveness and effectiveness of rehabilitation services by building its capacities, and increased its transparency by developing a methodology for monitoring the right to rehabilitation and piloting this methodology in 11 communities. This methodology has now become part of the monitoring specifications for regional representatives of the Ombudsperson's Office.

It promoted the active participation of individuals and communities in decision making by conducting a quantitative and qualitative survey on the needs of PWDs, and basing its action on the results of the survey. The CSO grantee 'Culture of Dialogue' told the evaluator that they had

consulted both the healthcare team they wanted to support and the patients when designing their project.⁴²

The project also emphasised the importance of aligning domestic laws and rehabilitation programmes with international standards.

Finally, in the training sessions that it organised and facilitated, it systematically explained its support as rooted in the human rights principles and gave participants an overview of such rights.

GENDER EQUALITY

The gender equality marker for this project was 2, which means that although gender equality was not the main objective of the expected outputs, its outputs were expected to promote gender equality in a significant and consistent way.

The RPWD project demonstrated awareness of gender equality and supported women's empowerment. Several senior management and advisory positions within the project were held by women, and the majority of CSO grantees were led by women. The project's efforts to develop a people-centred rehabilitation system ultimately benefit both men and women. In addition, the training provided by the project included gender equality alongside human rights principles.

However, it is worth noting that the initial monitoring tools used by the project for its CSO grant partners did not include disaggregation. The Sex, Age and Disability Disaggregated Data (SADD) was introduced later on, but the data collected on this basis is not yet available at the time of the evaluation as activities are still ongoing (as part of the project no-cost extension). It is therefore not possible to know the respective percentage of men, women and children who benefited from project-supported rehabilitation. The number of men who have received this support is likely to be higher than the number of women, as military personnel make up the largest number of the war-disabled and men make up the overwhelming majority of military personnel in Ukraine, but the project did not initially collect such data in a disaggregated form.

Output 3 of the project (*'PWDs have enhanced access to socio-economic integration opportunities'*), did contain indicators that required disaggregated data but most of the activities are still ongoing at the time of the evaluation. In relation to these activities, the RPWD team told the evaluator that it had been difficult to find women who were war-disabled to participate in their skills for employment training. In the end, they had supported women with mental disabilities although they were not war-disabled.

In the cases where the project conducted the training itself, the data was disaggregated by gender. A total of 584 persons were trained, including 460 women and 124 men.

In its next project, UNDP should ensure that all its data is disaggregated by sex, age and disability. Although it is understandable that a project whose target beneficiaries are people in need of care would want to protect their anonymity, this should not prevent the collection of data such as their sex, age and disability.

In its next project, the organization should also increase its support to disabled women and to the families of the war-disabled. The risk of GBV, including conflict-related sexual violence (CRSV), human trafficking and intimate partner violence, has increased since February 2022.⁴³ The medical personnel interviewed by the evaluator also pointed out an increase in cases of GBV and divorce in the families of disabled veterans and recommended that the next UNDP project should provide

⁴² Culture of Dialogue, 18.04.2024.

⁴³ Third Rapid Damage and Needs Assessment, February 2022 – December 2023.

psychological support to the families of the war-disabled. The families of PWDs are also in need of guidance on how to be caregivers. Extending support beyond war-disabled persons to their families would better ensure that both men and women benefit from the new UNDP project.

CONFLICT SENSITIVITY

By supporting the rehabilitation of people with disabilities, the project contributed to their inclusion in Ukrainian society.

The project was based on a participatory process, as evidenced by the involvement of disabled people's organisations in both the development and implementation of project activities. By involving local CSOs in the delivery of its programme, the project contributed to developing the capacities of these CSOs and to meeting the needs of the end beneficiaries as closely as possible.

The project also worked closely with relevant government and civil society actors to ensure complementarity and accountability.

Finally, all its actions and messages were based on the principles of human rights and therefore contributed to peace.

LESSONS LEARNED

- UNDP has a long experience in policy making and is a trusted partner of the GoU in this area.
- UNDP's success in this project was the result of its flexibility and ability to adapt its responses to a rapidly-changing situation.
- One lesson learned is that, in the current context of war, it is necessary to carry out a thorough situational analysis when considering the procurement of medical and technical equipment, and to have alternative plans in place.
- The CSOs' initial responses to calls for tender showed their lack of experience in the field of rehabilitation of PWDs. However, they have now developed their capacities and are expected to provide better quality services in the next phase.

BEST PRACTICES

- ✓ The RPWD project has set a number of milestones in the field of rehabilitation of PWDs.
- ✓ The piloting of models was seen as an excellent approach by UNDP partners interviewed.
- ✓ Organisations for People with disabilities (OPDs) are a big resource for PWDs in communities. They have a sound understanding of the needs of PWDs and were a great help in identifying these needs.
- ✓ Being taught how to train PWDs was a new experience for VET teachers as they had never taught adults with disabilities. The training of teachers and the provision of equipment will open up new opportunities for people with disabilities who want to acquire new professional skills.
- ✓ The project has also contributed to foster cooperation between State Employment Service and VET schools.

RECOMMENDATIONS

- The RPWD project has set a number of milestones in the field of rehabilitation and demonstrated its ability to address the multi-dimensional needs associated with rehabilitation. It is therefore logical and desirable that it should build on the results achieved and scale up its activities in support of the rehabilitation of PWDs (in particular, by continuing to support the ongoing reform of the rehabilitation system, enhancing the capacities of rehabilitation facilities, and improving access to livelihood opportunities and the social integration of PWDs). However, UNDP should consult closely with the Ministry of Health, Ministry of Social Policy, Ministry for Veteran Affairs, WHO and other stakeholders when designing its next project in order to avoid a duplication of activities.
- UNDP should support the development of a strong multi-dimensional rehabilitation system at sub-national and community levels. This would involve supporting the GoU in developing a community rehabilitation strategy, developing cooperation mechanisms between the Ministry of Health and the Ministry of Social Policy at these levels, and creating and testing models, guidelines and procedures for rehabilitation services with the aim of scaling them up country-wide.
- UNDP's support to war-disabled persons should be extended to their families in the next project. The war has resulted in an increase in GBV and divorces among ex-veterans. There is therefore a need to support the families and relationships of ex-veterans through appropriate programmes and training. The piloting of the RPWD project's model for visual impairment has also revealed a need among families of people with visual impairment for psychological support and guidance on how to be a caregiver for their visually impaired member.
- UNDP should scale up its work with the State Employment Service, VET schools and employers to support the employment of persons with disabilities (i.e., promoting job placement or self-employment opportunities, supporting the creation of accessible working environment for PWDs, strengthening the capacity of local authorities, the vocational education and training system and the business community, making employers aware of the possibility of recruiting PWDs, etc.). The next project should work closely and in synergy with other UNDP projects and interventions whose objectives are complementary to its own. It should also involve the Ministry of the Economy, which has a knowledge of labour market trends.
- UNDP should continue to design programmes and train public officials on disability rights, and continue to develop services in line with universal design standards (e.g. retrofit residential premises, work places, vehicles, etc.) to encourage government action. This could be done in collaboration with other UNDP projects such as the Human Rights for Ukraine project (which has a mandate to support the Ombudsperson's Office in its monitoring role) and the Civil Society and Youth Support project because of its work on civic monitoring.

ANNEX 1: TOR FOR THE EVALUATION

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UNITED NATIONS DEVELOPMENT PROGRAMME

TERMS OF REFERENCE

Evaluation Consultant

Decentralized Project Evaluation: Supporting rehabilitation of persons with disabilities caused by the war

Project ID: 00132588

1. PROJECT BACKGROUND AND OVERVIEW

1.1. Abbreviations and terms

Abbreviation	Description
CPD	Country Programme Document
CSO	Civil society organization
IASC	Inter-Agency Standing Committee
IDPs	Internally displaced people
GPD	Global Programme Document
MOH	Ministry of Health of Ukraine
MinSoc	Ministry of Social Policy of Ukraine
M&E	Monitoring and evaluation
LVG	Low-value grant
NGO	Non-governmental organization
OPD	Organization of people with disabilities
PE	Project Evaluation
PIP	Project initiation plan
PWDs	People with disabilities
RPD	Regional Programme Document
RPWD	Supporting rehabilitation of persons with disabilities caused by the war
ROK	Republic of Korea
SDGs	Sustainable Development Goals
ToR	Terms of Reference
UNDP	United Nations Development Programme

1.2 Project Factsheet

Project name	Supporting rehabilitation of persons with disabilities caused by the war
Project ID	00132588
Post title	Consultant to conduct a decentralized Project Evaluation
Country / Duty Station	Home-based
Expected places of travel	Home-based
Duration of Initial Contract	April-May 2024
Assignment Quality Assurer	Lesia Shyshko, Team Leader, Strategic Planning, Partnerships and RBM Unit
Assignment Coordinator	Olena Kulikovska, Programme Analyst, Democratic Governance
Expected Duration of Assignment	37 working days within the timeframe
Payment arrangements	Lump Sum (payments are linked to deliverables)
Administrative arrangements	All working arrangements to be provided by the Consultant. The Consultant will receive all required information from UNDP, including Project documents (electronic or paper format), analytical papers and other relevant documents
Selection method	Desk review with possible validation interview

1.2. Project Background and Context

Since the invasion of Ukraine by the Russian Federation on February 24th, 2022, the total number of verified civilian casualties reached 24,862, including 9,083 killed and 15,779 injured, according to the UN High Commissioner for Human Rights (OHCHR).¹ The scope and scale of damage to critical infrastructure caused by the conflict has also been devastating, including residential housing, hospitals, schools, kindergartens, and other civilian targets damaged or destroyed. The war has caused mass forced displacement of over 12 million people with currently 5.1 million Internally Displaced People (IDPs) and 6 million refugees².

The impact of the war on the health sector in Ukraine is unprecedented. The war has resulted in approximately US\$2.5 billion worth of damage to the country's health infrastructure. As of 24 February 2023, reports indicated that 15.9 percent of public health facilities had experienced damage or destruction, affecting a total area of 1,791,608

¹ Ukraine: civilian casualty update 19 June 2023 <https://www.ohchr.org/en/news/2023/06/ukraine-civilian-casualty-update-19-june-2023>

² Ukraine | Situation Reports (unocha.org)22 July 2022; <https://www.unocha.org/ukraine>

square meters across 1,574 facilities. Among the affected facilities, 596 were pharmacies, accounting for 37.9 percent of the damaged locations. Furthermore, there were 60,436 general or mono-profile hospitals impacted, constituting 27.7 percent of the affected facilities and approximately 23.4 percent of all registered hospitals. Additionally, 297 primary health care (PHC) centers were damaged, representing 18.9 percent of the affected facilities and approximately 4.3 percent of all registered PHC centers. Moreover, prior to the war, Ukraine had a total of 3,118 ambulances throughout the country. However, a significant portion of these ambulances, precisely 650 units (20.8 percent), were either damaged or stolen during the war. It is important to note that the actual extent of the damage could be even higher due to incomplete or missing reports regarding assets in the private sector and damaged facilities situated in territories that are temporarily not under government control³.

The war has furthermore caused significant disruption of public service delivery, specifically in the area of healthcare provision and social services, affecting vulnerable social groups such as persons with disabilities. Many healthcare workers have been displaced by the war, leaving health facilities short of staff, and the main reported barriers to accessing healthcare are related to cost of consultation, medicines, and physical difficulties reaching health facilities⁴.

The human impact of the war is enormous. As armed violence continues, people are increasingly exposed to explosions, burns and trauma injuries. While hospitals are still treating patients of all kinds, war-related injuries have been increasing.⁵ The number of amputations and the need for prostheses are already in the thousands of cases, all of whom need of emergency care, follow up treatment and rehabilitation. The number of people with disabilities (PWDs) caused by the war – both combatants and civilians - has led to increased special demands on medical and psycho-social services, which are expected to continue to grow substantially over time. A sub-population of persons with disabilities are those who have an impairment due to explosive ordnance (EO), and a proportion of these people are veterans and often have access to a disability pension and free health services due to their services, many are civilians, injured because of post-conflict EO.

Rehabilitation of PWDs encompasses a holistic set of interventions to address impairments – activity limitations, and participation restrictions, as well as personal and

³ Rapid Damage Needs Assessment. 2023. Available at: <https://ukraine.un.org/en/224376-ukraine-rapid-damage-and-needs-assessment>

⁴ Human Impact of War in Ukraine. 2023. Available at: <https://www.undp.org/ukraine/publications/human-impact-war-ukraine>

⁵ <https://humanity-inclusion.org.uk/en/news/ukraine-hi-cares-for-patients-wounded-by-war>

environmental factors that have an impact on functioning and health. Early Rehabilitation is recognized as being an integral part of a patient's recovery in conflicts and disasters. Starting in acute care, early rehabilitation can help prevent complications, speed recovery, and help ensure continuity of care.⁶

The Government of Ukraine has a wide set of policies regulating the sphere of social and medical services, as well as referral paths, for PWDs. But meanwhile the Government of Ukraine has a wide range of rehabilitation centres operating at different levels in structures on under different ministries, the rehabilitation system lacks capacities, funds and is in dire need of modernisation – a fact already prominent before the full scale war.⁷ In addition, the rehabilitation facilities often face difficulties in terms of dealing with this new type of war inflicted injuries and traumas, and are unable to match the current shift in demand. Responding to the urgent needs, the Minister of Health of Ukraine voiced in June 2022, three main priorities in rehabilitation of PWDs with war inflicted injuries ahead, as following: a) capacity development of the rehabilitation staff (e.g. development of the educational standards); b) development of packages of rehabilitation service guarantees (as for now just three of such are existing - for adults and children from 3 years old with lesions of the nervous system; for adults and children from 3 years old with lesions of the musculoskeletal system; for children born prematurely or sick during the first 3 years of life); c) strengthening rehabilitation centres⁸. It should furthermore be noted that the mine action sector in Ukraine is still in its early stages of development, where an accelerated progress towards adoption of international standards across all key areas, including mine victim assistance, is needed.

PWDs are particularly vulnerable in this dire situation of war and, experience poorer health. People with disabilities also experience inequalities on a number of other socio-economic measures, as they are more likely than those who do not have a disability to experience poverty, violence, social exclusion, housing insecurity, and have less opportunity to engage in meaningful work. Persons with disabilities in Ukraine were already vulnerable before the war broke out, however since the start of the invasion, they are experiencing multiple barriers and immense difficulties to flee the conflict-affected areas, resulting in risks to their lives, and many struggle to meet daily needs and challenges in accessing humanitarian assistance. The most vulnerable categories of PWDs include the elderly, women, and girls with disabilities – at increased risk of sexual violence – and children with disabilities, who are often more exposed to abuse and neglect.

⁶ <https://www.who.int/activities/strengthening-rehabilitation-in-emergencies/early-rehabilitation-in-conflict-and-disasters>

⁷ Situation assessment of rehabilitation in Ukraine. Copenhagen: WHO Regional Office for Europe; 2021. <https://apps.who.int/iris/handle/10665/349595>

⁸ Speech by Minister Lyashko, at the Donor Forum *Unbroken*, organised in Lviv on 10 June 2022

Building on previous and ongoing lessons and efforts from UN agencies and others, UNDP is currently delivering a 18 months project, responding to the immediate needs in terms of service provision and economic integration of PwDs caused by the war, by enhancing capacities of rehabilitation facilities across Ukraine and partnering with Civil Society for increased livelihood opportunities, while underpinning the Government’s long-term rehabilitation agenda for PwDs and continued work for a Barrier-free Environment in Ukraine.

In line with the Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, this project aims to ensure that persons with disabilities who are at most risk of being left behind in the current emergency and humanitarian setting, receive heightened attention and protection by the humanitarian operations, in close coordination with the local government, local community and NGOs. Further, it is key that the Government of Ukraine at both national and sub-national levels play a key role as duty-bearers ensuring the rights and adequate assistance to the different categories of PwDs including the most marginalized on the ground.

Through this project, UNDP seeks to contribute to the following outcome:
Enhanced resilience, physical and mental well-being of persons with disabilities in Ukraine through strengthened rehabilitation services, advanced disability inclusion agenda and improved socio-economic integration.

To this end, the project aims to achieve the following three outputs:

- **Output 1.** Government of Ukraine enabled to design new policies and regulations to better protect, respect and fulfil the rights of persons with disabilities, with the focus on rehabilitation.
- **Output 2.** Rehabilitation institutions have enhanced technical expertise, capacities, and equipment to ensure necessary service provision.
- **Output 3.** Persons with disabilities have enhanced access to socio-economic integration opportunities.

Project/Outcome Information	
Project/Outcome title	Supporting rehabilitation of persons with disabilities caused by the war
Quantum IDs	Project ID: 00132588, Republic of Korea Contract number: 00145355, Government of Germany Contract number: 910441
Corporate outcome and output	Expected CDP Outcome(s): Outcome 1. By 2023, women and men, girls and boys participate in decision-

	<p>making and enjoy human rights, gender equality, effective, transparent, and non-discriminatory public services.</p> <p>Expected CPD Output(s):</p> <p>Output 1.2. National institutions, systems, laws, and policies advance the equitable realization of human rights, especially among vulnerable groups.</p> <p>Output 2.1. National and subnational institutions are better able to develop and implement policies and measures that generate sustainable jobs and livelihoods.</p> <p>Output 4.2. Crisis-affected women and men have more sustainable livelihoods opportunities, including jobs, created with UNDP support.</p> <p>Gender marker: Gen 2</p>	
Country	Ukraine	
Geographical coverage	All Ukraine	
Project dates	Start	Planned end
	1 August 2022	31 December 2023
Project budget	US\$4,500,000.00 (from which US\$3,000,000.00 provided by Republic of Korea, US\$1,500,000.00 by Federal Republic of Germany)	
Project expenditure at the time of evaluation	US\$X (as of X 2023)	
Funding source	Republic of Korea, Federal Republic of Germany	
Implementing party	UNDP in Ukraine	

More detailed background and context information is available at <https://open.undp.org/projects/00145132> The results achieved since the beginning of the Project as per the Action Workplan are reflected in the Annexes.

2. PURPOSE, SCOPE AND OBJECTIVES OF THE ASSIGNMENT

a. Evaluation Purpose

The main goal of the assignment is to conduct the forward-looking progress evaluation of the Project "Supporting rehabilitation of persons with disabilities caused by the war". The purpose of the evaluation is three-fold and aims (1) to analyse the implementation of the Project in 2022-2023, assess its relevance, effectiveness, efficiency, sustainability and coherence; (2) to draw the lessons learnt, including viable suggestions on operational directions, which could be sharpened and further enhanced in the follow-up Project phase or other subsequent relevant projects; (3) to provide recommendations and inform the development of further UNDP's interventions accounting for the ongoing war and its

impact on the area of rehabilitation of persons with disabilities caused by the war as well as for the need of further UNDP's assistance. This will not only support accountability to key national stakeholders, civil society partners and donors, inform decision-making and allow UNDP and the Project and Portfolio teams to better manage for development results but also to pave the way towards the development of the follow-up phase of this project or assist in developing projects of similar nature for further work in the mentioned area.

b. Evaluation Objectives

Specific project evaluation objectives are:

- a) assess Project progress towards the achievement of the objectives, expected outputs and indicators as specified in the Initiation plan and Workplan following a number of parameters set under evaluation questions in the sections below; compare planned outputs of the Project to actual outputs; assess whether there were any unintended results;
- b) evaluate the relevance of the objectives, expected outputs set accounting for the impact of ongoing war;
- c) assess intermediate indicators of Project success or failure with the goal of identifying the necessary changes to be introduced in the next iterations of similar projects/follow-up phase of this project to improve further UNPD-facilitated response in the field of rehabilitation and disability inclusion;
- d) review progress indicators and targets set in a logical framework in terms of their relevance and feasibility in accounting for the country context and provide feedback on achieving the targets;
- e) analyse the extent to which the project enhanced application of a rights-based approach, gender equality and women's empowerment, social and environmental standards, and participation of vulnerable groups;
- f) draw the lessons learned that can both improve the longer-term sustainability of benefits of the Project and tailor UNDP's response to the needs and priorities of Project beneficiaries, considering the impact and context of the ongoing war;
- g) provide clear evidence-based recommendations for adaptive management to propose improvements for and inform the development of the Project's follow-up phase upon consulting with Project beneficiaries and guide further ROK's, Germany and UNDP's interventions.

c. Evaluation Scope

The PE will cover the activities undertaken by the Project from its start in August 2022 until the start of its closing phase in November 2023. The scope of this evaluation is defined by expected outcome and outputs outlined in the section 1.3 above.

This PE will assess Project performance against the review criteria, as outlined in the UNDP Evaluation Guidelines, based on OECD-DAC evaluation criteria: **relevance, effectiveness, efficiency, sustainability, and coherence**. The Evaluator should also address how the Project applied the human rights-based approach and mainstream gender in development efforts. The evaluation will be carried out (home-based) between 11 September 2023 and 30 November 2023. The PE should be conducted in accordance with the guidance, rules and procedures established by UNDP and as reflected in the UNDP Evaluation Policy.

3. EVALUATION CRITERIA AND KEY GUIDING QUESTIONS

The Project Evaluation will generate evidence of progress and challenges, helping to ensure accountability for the implementation of the project, as well as identifying and sharing knowledge and good practices through following standard Organization for Economic Cooperation and Development (OECD) Development Assistance Committee (DAC) evaluation criteria⁹.

A. Relevance: the extent to which the project strategy, proposed activities and expected outputs and outcome are justified and remain relevant to beneficiaries' assessed needs, country's policies and donor's priorities. More specifically, the relevance of the project should be assessed through the following guiding questions:

- *How relevant is the Project and its interventions to the target groups, including Government's needs and priorities and the current evolving country context?*
- *To what extent was the Project relevant to address the needs of rehabilitation institutions, notably the newly emerging priorities in the war-related settings, outlined in the Initiation plan? What type of needs and priorities was the Project unable to tackle (if any)? To what extent do the Project's interventions align with the needs of the main Project's beneficiaries and recipients?*
- *Does the Project remain relevant considering the changing environment in the face of the ongoing war waged by the Russian Federation against Ukraine on 24 February 2022, while taking into consideration the risks/challenges mitigation strategy? Do the Project objectives and indicators remain pertinent in the current context? What can be done additionally to better capture the needs of the target groups relevant to the focus of the Project? What could be project adaptation strategies to the crisis settings and potential scale-up directions focusing on the war response and recovery?*
- *How the Project goals and objectives could be reviewed, adjusted and scaled up to frame the development of the potential follow-up Project phase to further support rehabilitation of persons with disabilities and governmental*

⁹ <https://www.oecd.org/dac/evaluation/>

actors working in this area, their newly emerging and pertaining needs in consideration of the ongoing war and post-war recovery?

- *To what extent did project adopt gender-sensitive, human rights-based and conflict-sensitive approaches?*

B. Coherence: the extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups. More specifically, the coherence of the project should be assessed through the following guiding questions:

- *To what extent is the Project aligned with the policies and strategies of the Government, the UN 2030 Agenda for Sustainable Development, UNDP Strategic Plan, as well as UNDP Country Programme Document and UN Transitional Framework? Is the Project in line with the Ukraine's Recovery and Development Plan¹⁰ and UNDP Recovery Framework for Ukraine¹¹ developed after the onset of the full-scale war?*
- *Have there been sufficient cooperation and exchange of information between the partners of the Project? How do they correspond to each other and contribute to the achievement of the UN 2030 Agenda for Sustainable Development?*
- *Is the Project building upon/seeking synergies with existing programmes, projects and strategies in order to maximize impact, efficiently allocate resources and avoid duplications?*

C. Effectiveness: the extent to which the project's expected outputs and outcome are being achieved or are expected to be achieved. Factors contributing to or detracting from the achievement of the project desired results and objectives should also be included in the assessment. More specifically, the effectiveness of the project should be assessed through the following guiding questions:

- *Assess the overall performance of the Project with reference to its respective Initial plan, strategy, objectives (or lack of thereof) and indicators, and identify key issues and constraints that affected the achievement of Project objectives including per individual Project components, accounting for the crisis settings. Were the planned objectives and outcomes achieved according to the results framework? Are the set targets feasible in the current country context? What are the results achieved beyond the logical framework? How can the Project build on or expand the achievements, particularly focusing on further supporting rehabilitation of persons with disabilities?*

¹⁰ <https://recovery.gov.ua/>

¹¹ <https://www.undp.org/sites/g/files/zskgke326/files/2022-04/Ukraine-offer.pdf>

- *To what extent were the initiatives supported through LVGs effective in addressing the emerging needs in the field of disability rehabilitation in the current country context?*
 - *Was the cooperation with Project beneficiaries and key Project partners, including but not limited to the Ministry of Health of Ukraine, Ministry of Social Policy of Ukraine, successfully achieved and contributed to the achievement of the Project's goals? How the role of the State partners in the project could be enhanced?*
 - *How have stakeholders been involved in Project implementation? Has the Project effectively cooperated with the rehabilitation and medical facilities, grantees, state departments of health etc.?*
 - *Did the equipment procurement activities effectively address the initial needs of medical and rehabilitation institutions in terms of enhancing their capacity?*
 - *What measures/interventions could be implemented to enhance the Project's impact or broaden its coverage?*
 - *To what extent are strategies for gender and women's empowerment incorporated?*
- D. Efficiency:** the extent to which the project resources (funds, expertise/human resources, time, etc.) are optimally used and converted into intended outputs. More specifically, the efficiency of the project should be assessed through the following guiding questions:
- *Has the Project demonstrated cost-effectiveness? Have resources (funds, human resources, time, expertise, etc.) been strategically allocated to achieve the intended outputs, outcomes and to address inequalities and gender issues? Was the use of resources allocated to LVGs efficient in achieving the anticipated results?*
 - *Are the Project's activities in line with the schedule of activities as defined by annual work plans? Were the disbursements and Project expenditures in line with budgets? Do the adjustments in Project's activities and budget revisions duly reflect the changes in operational circumstances and the programmatic environment?*
 - *Was the Project management, coordination and monitoring efficient and appropriate? Was the monitoring considering gender equality and women empowerment issues, as well as social inclusion and human rights, environmental protection and climate change?*
- E. Sustainability:** whether benefits of the project are likely to continue after donor funding has been withdrawn. More specifically, the sustainability should be assessed through the following guiding questions:

- *Do the measures applied by the Project ensure that Project results likely to continue, be scaled up or replicated after the Project ends? Define the most promising areas that are requiring further support and scaling-up during future interventions, considering the current evolving country context.*
- *Is there sufficient public/stakeholder awareness in support of the Project's long-term objectives?*
- *What are the social or political risks that may jeopardize the sustainability of Project results? Define the possible risks/challenges mitigating approaches.*
- *To what extent the interventions have well-designed and well-planned exit strategies?*
- *Has the Project contributed to gender equality, women's empowerment, promotion of human rights and social inclusion? To what extent were capacity development initiatives adequate to ensure sustainable improvements for women, men and vulnerable groups, and promote responsible practices and HRBA-oriented principles among the trainees?*
- *Have the equipment procurement activities, aimed at enhancing capacity of medical and rehabilitation institutions, increased the sustainability of the recipients in terms of providing medical and rehabilitation services?*
- *What could be potential priority areas of engagement and corresponding recommendations for the remaining part of the Project and further ROK's, Germany's and UNDP's interventions in terms of rehabilitation of persons with disabilities, taking into account emerging needs and priorities of the Project beneficiaries? Findings, conclusions and recommendations should reflect gender equality, women empowerment and social inclusion.*

Evaluation Approach And Methodology

4. EVALUATION APPROACH AND METHODOLOGY

The Consultant will be required to facilitate the usage of different methods to ensure that data gathering, and analysis deliver evidence-based qualitative and quantitative information, based on diverse sources including project reports, survey results, individual meetings etc. This approach will not only enable the Project Evaluation to assess causality through qualitative and quantitative means but also provide reasons for why certain results were achieved or not and to triangulate information for higher reliability of findings. The concrete mixed methodological approach will be detailed in the Inception report and stated in the Final report. All data provided in the report should be disaggregated, where possible, by sex and other social variables. Furthermore, the evaluation methods and sampling frame should address the diversity of stakeholders affected by the Project. Ethical standards are required throughout the evaluation and all stakeholder groups are to be treated with integrity and respect for confidentiality.

The Consultant is expected to encourage the usage of a participatory and consultative approach ensuring close engagement with government counterparts, civil society

partners, medical and rehabilitation institutions-recipients of the Project-facilitated support, the Republic of Korea, the Government of Germany, UNDP Country Office (CO) and Project team at all stages of the evaluation planning and implementation. The evaluation will assess the extent to which the Project was successfully mainstreamed with UNDP Strategic Plan given the current country context.

The evaluation of Project performance will be carried out against the expectations set out in the final version of the Project Initiation Plan (PIP), which provides performance indicators for Project implementation. All indicators in the PIP need to be assessed individually, with final achievements noted. An assessment of the Project M&E design, implementation and overall quality should be undertaken. The evaluation will assess the key financial aspects of the Project, including Project budget revisions. Project cost and funding data will be required from the Project, including annual expenditures. Variances between planned and actual expenditures will need to be assessed and explained. The evaluation also should include the value of money aspect – the minimum purchase price (economy) but also the maximum efficiency and effectiveness of the purchase.

The conclusions related to the implementation of the Project from its start until the end date of the PE (end of November 2023) should be comprehensive and balanced, and highlight the strengths, weaknesses, challenges, and outcomes of the Project. They should be well substantiated by the evidence and logically linked to the progress evaluation findings. They should respond to key evaluation questions and provide insights into the identification of and/or solutions to important problems or issues pertinent to Project beneficiaries, UNDP, ROK and Germany.

The recommendations for a second phase/consecutive Project from the same donors or a similar project funded from another source in the area of rehabilitation of persons with disabilities with a focus on war response, recovery and resilience building, should identify how best practices and achievements of the Project can be scaled up or proliferated to better respond to the emerging needs and priorities of the governmental partners, based on interviews with Project partners and beneficiaries and desk analysis (*please see below*). The recommendations need to be supported by an evidential basis, be credible, practical, and action-oriented, and define who is responsible for the action to have the potential to be used in decision-making. It is expected that the Consultant will contribute to producing up to 5 recommendations framing the development of the potential Project follow-up phase or a similar project.

The Consultant should propose design, methodology of evaluation (methods, approaches to be used, with particular focus on addressing gender-specific issues and inclusion of relevant SDGs, evaluation criterion for assessment of each component to be proposed), detailed work plan and report structure to UNDP prior to the start of fieldwork. The evaluation products should take into account gender and human rights issues. This should be detailed in the Inception Report and agreed with the Evaluation Reference Group and the Evaluation Manager. While proposing the methodology, the Consultant should be

guided by the UNDP Evaluation Guidelines¹², United Nations Group Evaluation Norms and Ethical Standards; OECD/DAC evaluation principles and guidelines and DAC Evaluation Quality Standards.

The methodology may include the following:

1. **Desk review** of the documents listed below (including but not limited to):
 - a) The original PIP, Annual Workplan, M&E frameworks and financial documents;
 - b) Notes from meetings involved in the Project;
 - c) Other Project-related materials produced by the Project (such as publications, audio-visual materials).
2. **Interviews/group discussions** with key partners and stakeholders, which can be conditionally divided into the following groups:
 - the relevant UNDP Country Office representatives and the Project’s management and staff;
 - national government institutions;
 - international development actors active in the field of intervention;
 - rehabilitation and medical institutions supported within the Project;
 - grantees of the Project.

The interviews are aimed to examine how the partners and stakeholders assess the Project, their concerns and feedback. The Consultant will need to collect and analyse needs and suggestions and provide recommendations/vision on how future ROK’s, Germany’s and UNDP’s interventions could address those. A debriefing session will be also arranged for discussing the evaluation findings, results and recommendations.

If it is not possible to travel to or within the country for the evaluation due to security situation, then the evaluation consultant should develop a methodology that takes this into account the conduct of evaluation virtually and remotely, including the use of remote interview methods and extended desk reviews, data analysis, survey and evaluation questionnaires. This should be detailed in the Inception Report and agreed with the Evaluation Reference Group and the Evaluation Manager. Also, a consideration should be taken for stakeholders’ availability, as well as their ability or willingness to be interviewed remotely. All types of limitations (if any) in terms of data collection should be reflected in the final report.

5. EVALUATION PRODUCTS (KEY DELIVERABLES)

Based on the above-mentioned, the Consultant should provide the following deliverables:

Deliverable #	Task description	Days and timing	Payment breakdown
Deliverable #1	➤ Conduct desk research of Project’s core documentation (Project documents,	5 working days after	10%

¹² http://web.undp.org/evaluation/guideline/documents/PDF/UNDP_Evaluation_Guidelines.pdf

	<p>Annual Workplan, grants call for proposals, etc.). The set of documents to be reviewed will be prepared by UNDP.</p> <p>➤ Develop an Inception report including an evaluation methodology and strategy to collect the required data, guidelines and data collection forms for the interviews/focus group discussions with partners and counterparts.</p> <p>Inception report is expected to be up to 10 pages without annexes, single spacing, Myriad Pro font, size 11, which includes, but is not limited to, the following components:</p> <ul style="list-style-type: none"> • Background and context; • Evaluation objective, purpose and scope; • Evaluation criteria and questions; • Cross-cutting issues; • Evaluation approach and methodology; • Evaluation matrix; • Schedule of PE • Key milestones; • Resource requirements; • Outline of the final report. <p>Output: The Inception report with a detailed description of the methodology and evaluation matrix is produced; annotated structure of the report is developed; a toolkit for gathering data is designed. All documents are submitted to UNDP for final approval. The kick-off meeting is conducted based on the inception report and provides an opportunity for both the consultant and UNDP to discuss clarifications/concerns.</p>	the Contract start date	
Deliverable #2	<p>➤ Conduct necessary consultations and interviews with the Project staff, beneficiaries and Project partners. Examine how stakeholders assess the</p>	12 working days, after Deliverable #1 is completed	25%

	<p>Project and what their concerns and suggestions are.</p> <ul style="list-style-type: none"> ➤ Clarify issues that emerge from the preliminary analysis of the Project and require hard and soft data to substantiate their reasoning. ➤ Discuss the existing needs in rehabilitation area and/or persons with disabilities caused by the war and how further ROK's, Germany's and UNDP's interventions, including potential Project follow-up phase, can address them. Collect and analyse feedback from the project's team and key partners. ➤ Output: minutes of the initial findings discussed in a wrap-up session with the Project team and UNDP CO. 		
Deliverable #3	<ul style="list-style-type: none"> ➤ Produce a draft report of the evaluation covering all items detailed in paragraph #2 of the present ToR with a definition of the lessons learned and recommendations for the potential Project follow-up phase/similar project. <p>Output: draft of the report produced and submitted for UNDP comments. UNDP will review the draft evaluation report and provide a combined set of comments to the evaluator, addressing the content required (as agreed in the inception report) and quality criteria as outlined in the UNDP evaluation guidelines.</p>	10 working days after Deliverable #2 is completed	30%
Deliverable #4	<ul style="list-style-type: none"> ➤ Collect, review and incorporate comments from UNDP into the final version of the evaluation report. Comments and changes by the evaluators in response to the draft report should be retained by the evaluator in the audit trail to show how they have addressed comments. 	8 working days after Deliverable #3 is completed	30%

	<p>The key product expected is a comprehensive evaluation report (up to 40 pages without annexes, single spacing, Myriad Pro font, size 11), which includes, but is not limited to, the following components:</p> <ul style="list-style-type: none"> • Title and opening pages; • Project and evaluation information details; • Table of contents; • List of acronyms and abbreviations; • Executive summary (up to 4 pages); • Introduction; • Description of the intervention; • Evaluation of scope and objectives; • Evaluation approach and methods; • Data analysis; • Findings; • Conclusions; • Recommendations; • Lessons learned; • Report Annexes: ToR, methodology related documentation, list of individuals or groups interviewed/consulted, documents reviewed, summary tables of findings, signed Code of Conduct, etc. <p>The detailed structure of the final report should be agreed with UNDP and reflect all key aspects in focus.</p> <p>Output: Final evaluation report containing all required annexes indicated in paragraph #3 of the present ToR. The report should be submitted to UNDP for review and approval.</p>		
Deliverable #5	➤ Prepare a detailed PowerPoint presentation of the evaluation study (in English) to cover major findings and lessons learned from the evaluation as defined in section 3 of this ToR with diagrams/pictures, where applicable.	2 working days after Deliverable #4 is completed	5%

	<p>➤ Present the results during the meeting between UNDP, SE and other stakeholders. Consultations regarding UNDP expectations from the presentation will be held with the Contractor prior to the event.</p> <p>Output: PowerPoint presentation (in PPT format) prepared and delivered during the joint meeting of interested parties.</p>		
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Payment will be based upon satisfactory completion of deliverables upon review and acceptance by UNDP. 100% of the total amount shall be paid upon completion of the Deliverables 1-5.

6. IMPLEMENTATION ARRANGEMENTS

The detailed schedule of the evaluation and the length of the assignment will be discussed with the evaluator prior to the assignment.

Evaluation manager will review and approve inception reports including evaluation questions and methodology, review and comment on evaluation report, circulate draft evaluation report, collect and consolidate comments and share with the Evaluator for finalization of the evaluation report. The satisfactory completion of each of the deliverables shall be subject to the endorsement of the UNDP Evaluation Manager. The Consultant will be supported by the Evaluation Focal Team (EFT) comprising of representatives of UNDP Ukraine (UNDP Democratic Governance Programme Analyst, Project Manager, and relevant project staff). The EFT will assist in providing the available documentation for the analysis and research, setting up the meetings with partners and external actors connecting the evaluation team with the regional partners and key stakeholders, identifying key partners for interviews.

The Consultant will inform UNDP of any problems, issues or delays arising during the implementation of the assignment and take necessary steps to address them.

The key product expected is a comprehensive evaluation report (with the parameters indicated above). The report must be as free as possible of technical jargon in order to ensure accessibility to its wide and diverse audience. The report should be in line with UNDP's principles of gender-responsive communication and should be prepared in English.

All reports and results are to be submitted to the UNDP in electronic form (*docx, *xlsx, *pptx, and *pdf or other formats accepted by UNDP).

Ethics

This evaluation will be conducted in accordance with the principles outlined in the UNEG 'Ethical Guidelines for Evaluation'¹³. The Consultant must safeguard the rights and confidentiality of information providers, interviewees and stakeholders through measures to ensure compliance with legal and other relevant codes governing collection of data and reporting on data. The Consultant should respect differences and accord equal spaces and dignity regardless of interviewees' gender, race, sexual preference, ethnicity, ability, or other markers of identity. The Consultant must also ensure security of collected information before and after the evaluation and protocols to ensure anonymity and confidentiality of sources of information where that is expected. The information knowledge and data gathered in the evaluation process must also be solely used for the evaluation and not for other uses with the express authorization of UNDP and partners.

Copyright

All information and products produced by the Consultant under this assignment will remain property of UNDP Ukraine.

7. EXPERIENCE AND QUALIFICATIONS REQUIREMENTS

- *Education*: University degree in Economics, Management, Mathematics, Social Sciences, Public Administration, Public Health, Marketing, Business Administration or other relevant areas;
- *Relevant professional experience*: At least three (3) years of work experience participatory approaches, planning, monitoring, evaluation and learning. Experience in the areas of rehabilitation of persons with disabilities, disability inclusion, capacitating medical and rehabilitation institutions, health and other similar fields would be an asset;
- *Experience in evaluation*: At least two (2) accomplished complex evaluations of Projects where the candidate was the author or co-author (reference to or copies of previously prepared programme/project evaluation reports to be provided);
- *Proven knowledge of monitoring and evaluation methodologies*, summary of a proposed evaluation methodology is to be provided (up to 2 pages);
- *Languages proficiency*: Fluency in spoken and written English. Working knowledge of Ukrainian and/or Russian would be an asset.

¹³ UNEG, 'Ethical Guidelines for Evaluation', June 2008. Available at <http://www.uneval.org/search/index.jsp?q=ethical+guidelines>.

ANNEX 2: EVALUATION MATRIX

CRITERIA	QUESTIONS	ADDITIONAL QUESTIONS	DATA SOURCES	METHODS OF COLLECTION AND ANALYSIS
Relevance <i>The extent to which the Project strategy, proposed activities and expected outputs are justified and remain relevant to beneficiaries' assessed needs, country's policies and donors' priorities.</i>	How relevant is the Project and its interventions to the target groups, including the GoU's needs and priorities and the current evolving context?	<p>To what extent was the Project relevant to address the needs of rehabilitation institutions, notably the newly emerging priorities in the war-related settings, outlined in the Initiation plan?</p> <p>To what extent do the Project's interventions align with the needs of the main Project's beneficiaries and recipients?</p>	<ul style="list-style-type: none"> - Initiation Plan - Project document - Annual Work plans - Notes from Project meetings - M&E framework - Financial documents - Grant call for proposals - Specific products (e.g., publications, audio-visual materials) - UNDP CO representatives - Project's management and staff - National government institutions - International Development Actors - Rehabilitation and medical institutions supported within the Project - Grantees of the Project 	<ul style="list-style-type: none"> - Desk research and analysis - Key Informant Interviews (using tailored questionnaires)
	What type of needs and priorities was the Project unable to tackle (if any)?	For what reasons could these needs and priorities not be tackled (lack of expertise, lack of resources, time constraints, needs and priorities already addressed by other institutions/programmes, etc.)?		
	Does the Project remain relevant considering the changing environment in the face of the ongoing war waged by the Russian Federation against Ukraine since 24 February 2022, taking into consideration the risks/challenges and any mitigation strategy?	Did the Project objectives and indicators remain pertinent in the context in which the Project was taking place?		
	What could be the adaptation strategies and potential scale-up directions focusing on the war response and post-war recovery of a future project?	How could the Project goals and objectives be reviewed, adjusted and scaled up to frame the development of a follow-up project phase to further support the rehabilitation of PWDs and governmental actors working in this area, considering newly emerging and pertaining needs in the context of the ongoing war and post-war recovery?		
		What can be done additionally to better capture the needs of the target groups when relevant to the focus of the Project?		
	To what extent did the Project adopt gender-sensitive, human rights-based and conflict-sensitive approaches?			

Coherence	To what extent was the Project aligned with the policies and strategies of the GoU, the UN 2030 Agenda for Sustainable Development, UNDP Strategic Plan as well as UNDP Country Programme Document and UN Transitional Framework?	How does the Project contribute to the achievement of the UN 2030 Agenda for Sustainable Development?		
	Was the Project in line with the Ukraine's Recovery and Development Plan ¹⁰ and UNDP Recovery Framework for Ukraine ¹¹ developed after the onset of the full-scale war?	To what extent was the Project successfully mainstreamed with UNDP Strategic Plan given the current country context?		
	Did the Project build upon/seek synergies with existing programmes, projects and strategies in order to maximize impact, efficiently allocate resources and avoid duplications?	Was there sufficient cooperation and exchange of information between the partners of the Project?		
Effectiveness <i>The extent to which the Project's outputs and outcome are being achieved or are expected to be achieved. Factors contributing to or detracting from the achievement of the Project's desired results and objectives should also be included in the assessment</i>	Assess the overall performance of the Project with reference to its respective Initial Plan, strategy, objectives and indicators.	Were the set targets feasible in the current country context? Have there been unintended consequences?		
	Identify key issues and constraints that affected the achievement of Project objectives, including per individual Project component, accounting for the crisis settings.			
	Have the planned objectives and outcomes been achieved according to the results framework?	What are the results achieved beyond the logical framework (if any)?		
	How could a future project build upon or expand the achievements, focusing specially on further supporting the rehabilitation of PWDs?			
	To what extent were the initiatives supported through Low-Value Grants (LVGs) effective in addressing the emerging needs in the field of disability rehabilitation in the current country context?			
	Was the cooperation with Project beneficiaries and key Project partners, including but not limited to the Ministry of Health and Ministry of Social Policy, successfully implemented and contributed to the achievement of the Project's goals?	How could have the role of State partners in the Project been enhanced?		
		How have stakeholders been involved in Project implementation?		

	Has the Project effectively cooperated with the rehabilitation and medical facilities, grantees, state departments of health, etc.?	Did the equipment procurement activities effectively address the initial needs of medical and rehabilitation institutions in terms of enhancing their capacity?		
	What measures/interventions could have been implemented to enhance the Project's impact or broaden its coverage?			
	To what extent were strategies for gender and women's empowerment incorporated?			
Efficiency <i>The extent to which the Project resources [funds, expertise/human resources, time, etc.] are optimally used and converted into intended outputs</i>	Has the Project demonstrated cost-effectiveness and value for money?	Have resources (funds, human resources, time, expertise, etc.) been strategically allocated to achieve the intended outputs, outcomes and to address inequalities and gender issues?		
	Were the Project's activities in line with the schedule of activities as defined in line with budgets?			
	Were the disbursements and Project expenditures in line with budgets?			
	Did the adjustments in Project's activities and budget revisions duly reflect the changes in operational circumstances and the programmatic environment?			
	Was the Project management, coordination and monitoring efficient and appropriate?	Was the monitoring considering gender equality and women empowerment issues as well as social inclusion and human rights environmental protection and climate change?		
Sustainability <i>Whether benefits of the Project are likely to continue after donor funding has been withdrawn</i>	Do the measures applied by the Project ensure that Project results are likely to continue, be scaled-up or replicated after the Project ends?	Define the most promising areas that are requiring further support and scaling-up during future interventions, considering the current evolving country context		
	Is there sufficient public/stakeholder awareness in support of the Project's long-term objectives?			
	What are the social or/and political risks that may jeopardize the sustainability of Project results?	Define the possible mitigating approaches to risks/challenges		
	To what extent did the interventions have well-designed and well-planned exit strategies?			

	Has the Project contributed to gender equality, women's empowerment, promotion of human rights and social inclusion?	To what extent were capacity development initiatives adequate to ensure sustainable improvements for women, men and vulnerable groups, and promote responsible practices and HRBA-oriented principles among the trainees?		
	Have the equipment procurement activities, aimed at enhancing the capacity of medical and rehabilitation institutions, increased the sustainability of the recipients in terms of providing medical and rehabilitation services?			
	What could be potential priority areas of engagement and corresponding recommendations for the remaining part of the Project and further ROK, Germany and UNDP interventions in terms of rehabilitation of PWDs, taking into account the emerging needs and priorities of the Project beneficiaries?			
Cross-cutting issues	Findings, conclusions and recommendations should reflect human rights, gender equality, women's empowerment and social inclusion.			

ANNEX 3: LIST OF INDIVIDUALS INTERVIEWED

Date	Name	Position	Institution / region
01.04.2024	Olena Ursu Olena Kulikovska	Democratic Governance Team Leader Programme Analyst	UNDP
02.04.2024	Olena Ivanova Olga Kostenko Oleg Chankotadze Valentyna Smal Anastasiia Chernova Liliia Pechura	Project Manager Financial and Cooperation Analyst Specialist on Entrepreneurship Vocational Education Specialist M&E Officer Project Assistant	RPWD project
08.04.2024	Oleg Chankotadze Valentyna Smal Dmitrii Kovalenko	Specialist on Entrepreneurship Vocational Education Specialist Specialist on Employment and Entrepreneurship	RPWD Project (output 3)
09.04.2024	Olena Ivanova Olena Vlasiuk Ivan Gorokh Hanna Lienivova	Project Manager Capacity Development Analyst Health Governance Officer Small Grant Analyst	RPWD Project (outputs 1 and 2)
18.04.2024	Natalia Gusak	Responsible for preparing documentation and training social workers	Independent consultant
18.04.2024	Names unknown Roman Kats	3 staff members of Kremenchug Rehabilitation Facility Representative of CSO Cultural Dialogue	1) Kremenchug Rehabilitation facility. 2) CSO Cultural Dialogue.
19.04.2024	Lidia Maikut Konstantyn Nikiphuk Lyubomyr Sakalosh Chrystyna Klymko	Director of the Rehabilitation Centre Medical doctor (prosthetics) Medical doctor (prosthetics) Project manager, CSO Medical Innovations	1) National Rehabilitation Centre 'Unbroken'. 2) CSO Medical Innovations, Lviv
22.04.2024	Svitlana Kolyshko	Project Manager	UNDP HR4 Ukraine project
22.04.2024	Iryna Filenko Olena Laba	Project Manager / psychologist Social worker	CSO SpivDiia, Lviv
23.04.2024	Oksana Kosenko	Project Manager	UNDP Civil Society and Youth Support Project
24.04.2024	Vasyl Strilka	Director of the Department of High-Tech Medical Care and Innovation	Ministry of Health
24.04.2024	Olena Kulchytska	Advisor to the Minister of Social Policy	Ministry of Social Policy
29.04.2024	Olena Kliop Maryna Davidenko Olga Stepova Olha Volkova	Head of 'Accessibility to life' centre Mother of a child patient and project manager Head of the rehabilitation centre of Severodonetsk military-civil admin. Head of the NGO Crisis Media Centre	1) Centre of social adaptation for PWDs 'Accessibility to live', Dnipro 2) CSO Crisis Media Centre.
29.04.2024	Anatoliy Krutiy Tetyana Kotenko	Medical professional (rehabilitation) Head of CSO Strategy for the Future	Municipal non-profit Bobrynets Hospital. CSO Strategy for the Future, Bobrynets (Kirovohrad oblast)

29.04.2024	Maryna Navroznikova Olena Nizhelska	Director of clinic, physiotherapy and rehabilitation expert Civil society activist / Head of NGO	Rehabilitation Centre Solonyi Liman, Dnipro
30.04.2024	Kateryna Zinovjeva Vadislava Andrushchenko	Physiotherapist of the Clinic Centre of Neurology and Neurosurgery Project Manager	Municipal Enterprise 1) Regional Clinic Centre of Neurology and Neurosurgery, Uzhhorod 2) Social Projects for the Future
30.04.2024	Roman Shtohryn Olena Danilova	Director Rehabilitation Centre Director CSO	1) Rehabilitation Centre 'Podillya'. 2) CSO 'Podilska hromada', Vinnytsia
01.05.2024	Dmytro Romanovych	Director	KPMG Consulting
01.05.2024	Volodymyr Golyk	National Professional Officer, Disability and Rehabilitation	WHO
03.05.2024	Faina Ikol	Deputy Head of the Department of Analytical Work	City Council, Dnipro
03.05.2024	Halyna Skokovska	Director	Vinnytsia Oblast State Employment Center
07.05.2024	Svitlana Korzhenko	Deputy Director	Interregional Higher Vocational School, Vinnytsia

ANNEX 4: LIST OF SUPPORTING DOCUMENTS REVIEWED

RPWD project

- Initial Plan
- Design Stage Quality Assurance Report
- Social and Environmental Screening Procedure report
- Low-value grants procedures
- Calls for participation in competition, 30.11.2022
- Minutes of the Local Project Appraisal Committee meeting, 21.12.2023
- RPWD Progress Update January to December 2023
- Annual Progress Report 2023 (Review of Programme for Democratisation, Human Rights and Civil Society Development)
- Report on the Project's results achieved in terms of grant funded civil society initiatives RPWD project no-cost extension
- RPWD Annual Report 2023
- RPWD Financial Report
- Planned activities – January 2024
- Procurement Plan RPWD 2024
- Analytical note on the general directions of development of the rehabilitation system in Ukraine for the period 2023-2025 (RPWD)
- Respondents' perception of the availability of rehabilitation services in different types of residential settlements (RPWD survey)
- Recommendations for further steps in the development of human capital in rehabilitation (RPWD)
- Rehabilitation of people with visual impairments: Analysis of the situation (RPWD)
- AP for implementing the model of rehabilitation and adaption for people with vision impairments (RPWD)
- Social Workers in Multidisciplinary Rehabilitation Teams: A Critical Resource for Effective Wartime Support (RPWD)
- Inception Report – Creating a new system of transition from rehabilitation to employment services and benefits (KPMG)
- Proposal for future mechanisms social insurance (KPMG)
- 5 RPWD videos (Drohobych Social Worker; Luhansk Association of PWDs; NGO Medychni lidery; Model of people with visual impairments; Motivational video on rehabilitation)

UN strategic and policy documents

- Resilience Building and Recovery Programme for Ukraine, April 2022
- United Nations in Ukraine Transitional Framework, September 2022 – December 2023
- UNDP CPD 2018-2022
- UNDP Annual Report 2023
- UNDP Recovery Framework – Updated February 2024
- Report on the human rights situation in Ukraine, 1 August 2023 – 30 November 2023, OHCHR
- Two-Year Update - Protection of civilians: impact of hostilities on civilians since 24 February 2022, OHCHR
- UN Security Council Resolution 2475 (2019)
- General Comment No. 5 – 2017, Committee on the Rights of Persons with Disabilities
- Guidelines on deinstitutionalization, including in emergencies, Committee on the Rights of Persons with Disabilities

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- Technical support mission to Ukraine on disability, rehabilitation and assistive technology, WHO, 10 July – 6 August 2022
 - WHO Biennial Collaborative Agreement 2024-2025
 - Evaluation of disability-inclusive development at UNDP, 2016

Other reports

- IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, 2019
- Rights of persons with disabilities during the war in Ukraine, Summary of monitoring report, February 2023
- Third Rapid Damage and Needs Assessment (RDNA3), February 2022 – December 2023

ANNEX 5: SUMMARY TABLE OF FINDINGS

Indicator	Baseline	Target	Progress on 31 December 2023
1.1. Number of policy papers, assessments and recommendations provided to government	0	3	2 <u>Finalised:</u> KPMG Inception report on transition from rehabilitation to employment, services and benefits. Analytical assessment of the situation on the provision of rehabilitation services for persons with visual impairments. <u>In progress:</u> Policy recommendations from KPMG.
1.2. Number of documents regarding the need to improve legislation / procedures	0	5	6 <u>Finalised</u> Methodology for monitoring the right to rehabilitation service provision. Action plan for implementation of the model of rehabilitation of persons with visual impairments. National Operational Plan 202402026 on rehabilitation. Analysis of human capital development and enhancing capacity of the State rehabilitation system. Package of documents to regulate engagement of social workers in rehabilitation teams. Analytical report on fulfilling the right to rehabilitation in selected facilities
1.3. Number of cross-sectorial nationwide surveys	0	1	<u>3</u> <u>Finalised</u>

			<p>Nation-wide survey on rehabilitation services for people with injuries, ill-health or illness, as of 24 February 2022.</p> <p>A qualitative study to explore the experience of people receiving rehabilitation services for war-related injuries and impairments, beginning on 24 February 2022.</p> <p>A study on the needs and challenges of healthcare institutions that provide rehabilitation services.</p>
1.4. Number of people reached by an information campaign aimed at promoting rehabilitation	0	200,000	<p>11,52 million</p> <p>According to the Semantrum statistical system, this is the number of people who viewed 3,785 publications on the Internet about UNDP rehabilitation activities.</p> <p>A motivational video was produced and distributed, emphasising the importance of choosing evidence-based rehabilitation and encouraging people to continue with rehabilitation, showing success stories.</p> <p>Separate information campaigns were carried out within the scope of the activities of the project grantees.</p>
2.1. Number of rapid needs assessments of capacities and equipment of existing rehabilitation centres and facilities, prosthetics workshops in selected regions.	0	9	<p>8</p> <p>8 rehabilitation facilities were selected for an assessment of their equipment and capacity building needs.</p> <p>The methodology for assessing the capacity, educational needs and equipment needs of pilot rehabilitation institutions have been developed.</p>

			The assessment of the capacity and needs of these 8 institutions was carried out.
2.2. Number of assessed communities for the establishment of new services / centres / cabinets of assistive technologies / multidisciplinary teams.	0	6	11 14 regional representatives of the Ombudsperson's Office were trained to use the developed methodology to assess the fulfilment of the right to rehabilitation. They subsequently conducted monitoring visits in 11 communities across 8 oblasts, using the developed methodology.
2.3. Number of models developed	0	1	1 The model of rehabilitation of people with vision loss was developed.
2.4. Number of rehabilitation / medical institutions equipped	0	19	13 13 facilities received equipment out of 19 identified for support.
2.5. Number of prosthetics workshops / assistive centres / cabinets supported.	0	2	1 A generator was purchased for the Dnipropetrovsk State Experimental Prosthetic and Orthopaedic Enterprise.
2.6. Number of persons trained on rehabilitation, social services and disability inclusion.	0	1,000	2,527 persons had their capacity enhanced.
2.7. Number of local CSOs working in the field of rehabilitation supported by UNDP via low-value grant modality.	0	19	19 This is the number of CSOs who received grant support for the implementation of activities aimed at increasing and strengthening rehabilitation capacities, providing services to the affected population, etc.
3.1. Number of training facilities refurbished and equipped to ensure inclusiveness of the educational process.	0	2	4 VET school in Lviv, Vinnytsia, Dnipro and Ukrainka were equipped with equipment

			and furniture to facilitate training in the profession of system administrator.
3.2. Number of PWDs trained/re-trained to meet the current labour market demand.	0	100	272
3.3. Number of people reached by a national information campaign aimed at promoting PWDs business activity.	0	100,000	0
3.4. Number of PWDs self-employed through a startup development aid package.	0	40	0
3.5.1. Number of institutions with improved quality of services provided to PWD clients.	0	51	6 State Employment Service centres were equipped with furniture and IT equipment (Lviv, Vinnytsia, Bila Tserkva, Kryvyi Rih, Chervonohrad and Pavlohrad)
3.5.2. Number of PWDs supported in job placement and adaptation of workplace.	0	40	0
3.5.3. Number of employers supported in creating accessible working environment and workplace accommodation.	0	7	0

ANNEX 6: PLEDGE OF ETHICAL CONDUCT IN EVALUATION



ETHICAL GUIDELINES FOR EVALUATION

PLEDGE OF ETHICAL CONDUCT IN EVALUATION



By signing this pledge, I hereby commit to discussing and applying the UNEG Ethical Guidelines for Evaluation and to adopting the associated ethical behaviours.



INTEGRITY

I will actively adhere to the moral values and professional standards of evaluation practice as outlined in the UNEG Ethical Guidelines for Evaluation and following the values of the United Nations. Specifically, I will be:

- **Honest and truthful** in my communication and actions.
- **Professional**, engaging in credible and trustworthy behaviour, alongside competence, commitment and ongoing reflective practice.
- **Independent, impartial and incorruptible**.



ACCOUNTABILITY

I will be answerable for all decisions made and actions taken and responsible for honouring commitments, without qualification or exception; I will report potential or actual harms observed. Specifically, I will be:

- **Transparent** regarding evaluation purpose and actions taken, establishing trust and increasing accountability for performance to the public, particularly those populations affected by the evaluation.
- **Responsive** as questions or events arise, adapting plans as required and referring to appropriate channels where corruption, fraud, sexual exploitation or abuse or other misconduct or waste of resources is identified.
- **Responsible** for meeting the evaluation purpose and for actions taken and for ensuring redress and recognition as needed.



RESPECT

I will engage with all stakeholders of an evaluation in a way that honours their dignity, well-being, personal agency and characteristics. Specifically, I will ensure:

- **Access** to the evaluation process and products by all relevant stakeholders – whether powerless or powerful – with due attention to factors that could impede access such as sex, gender, race, language, country of origin, LGBTQ status, age, background, religion, ethnicity and ability.
- **Meaningful participation and equitable treatment** of all relevant stakeholders in the evaluation processes, from design to dissemination. This includes engaging various stakeholders, particularly affected people, so they can actively inform the evaluation approach and products rather than being solely a subject of data collection.
- **Fair representation** of different voices and perspectives in evaluation products (reports, webinars, etc.).



BENEFICENCE

I will strive to do good for people and planet while minimizing harm arising from evaluation as an intervention. Specifically, I will ensure:

- **Explicit and ongoing consideration** of risks and benefits from evaluation processes.
- **Maximum benefits** at systemic (including environmental), organizational and programmatic levels.
- **No harm**. I will not proceed where harm cannot be mitigated.
- **Evaluation makes an overall positive contribution** to human and natural systems and the mission of the United Nations.

I commit to playing my part in ensuring that evaluations are conducted according to the Charter of the United Nations and the ethical requirements laid down above and contained within the UNEG Ethical Guidelines for Evaluation. When this is not possible, I will report the situation to my supervisor, designated focal points or channels and will actively seek an appropriate response.

G. del Monaco

16 April 2024

(Signature and Date)