

The Gender Accessibility Audit toolkit was developed by UN Women and the National Assembly of People with Disabilities in Ukraine in the framework of the UNDP-UN Women joint programme on the “Restoration of Governance and Reconciliation in Crisis-affected Communities of Ukraine” funded by the European Union.

This Gender Accessibility Audit toolkit has been prepared with financial assistance from the European Union. Its contents are the sole responsibility of the organisation and should in no way be perceived to reflect the views of the European Union.

Gender Accessibility Audit.
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Toolkit photographs and pictures – courtesy of the personal archive of Y. Hrybalsky and L. Bayda.

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It is a privilege for UN Women to cooperate with committed and enthusiastic women and men with disabilities who believe that change is possible.

UN Women is a UN organisation dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.

UN Women supports UN Member States as they set global standards for achieving gender equality, and collaborates with governments and civil society to design the laws, policies, programmes and services needed to implement these standards. It stands behind women’s equal participation in all aspects of life, focusing on five priority areas: increasing women’s leadership and participation, ending violence against women, engaging women in all aspects of peace and security processes, enhancing women’s economic empowerment, and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes UN efforts to advance gender equality.

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INTRODUCTION



«Traditionally, policies for women overlook the interests of women with disabilities, and policies for people with disabilities are gender-insensitive. But if you are a woman or a girl with a disability, you face discrimination and barriers because of your sex, disability, or both».

Theresa Degener, Member of the UN Committee on the Rights of Persons with Disabilities, 2016

The Gender Accessibility Audit toolkit is a tool that helps identify architectural, infrastructural, information and communication barriers that restrict the access of women and girls with disabilities to exercising their human rights and fundamental freedoms, and prevent them from participating in public, political, social and cultural life.



Women and girls with disabilities face barriers in most areas of life. The specific challenges they encounter are related to an array of legal, physical, communicational and attitudinal issues, among others, which limit their participation¹. These barriers create situations of multiple and intersecting forms of discrimination against women and girls with disabilities, in particular with regard to equal access to education, economic opportunities, social interaction and justice, equal recognition before the law, and the ability to participate in politics and exercise control over their own lives².

The UN Committee on the Elimination of Discrimination Against Women (CEDAW), has addressed the concerns of women with disabilities in its recommendations No. 18³, highlighting the intersectionality of gender and disability, meaning that women with disabilities experience multiple discrimination based on gender and their disability, which increases their vulnerability. Women with disabilities are more likely to be discriminated against than men with disabilities and women without disabilities. The Committee of the Rights of Persons with Disabilities (CRPD) has also recognised the intersectionality of gender and disability. The intersecting and multiple forms of discrimination on

the basis of gender and disability is a major factor leading to the exclusion and marginalisation of women and girls with disabilities⁴.

In Ukraine, ongoing decentralisation reforms aim to create an effective system of local government with the capacity and resources to adequately address local needs. Although the transfer of funds from the central to local level in theory means women will have more opportunities to express their priorities in local planning, the mechanisms and processes related to the development, implementation and monitoring of such reforms prevent women from formally participating in political life. Women who face multiple forms of discrimination, including women with disabilities, are almost completely excluded from decision-making processes⁵.

It is estimated that more than 2.6 million persons are registered with different forms of disability in Ukraine⁶, but the real figure is in fact larger. The major challenges faced by women with disabilities in Ukraine are architectural inaccessibility to public transport, streets, buildings, education, social care and healthcare facilities, lack of accessible information, substandard social and medical service

¹ UN Women Strategic Plan 2018-2021 for the Empowerment of Women and Girls with Disabilities: On the Way to Full and Effective Participation and Gender Equality (draft), December 2017.

² United Nations 2016, Committee of the Rights of Persons with Disabilities (CRPD), General Comment No.3 women and girls with disabilities.

³ United Nations, 1979, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Session 10 (1991), General Recommendation No. 18 concerning women with disabilities, available at: http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_4729_E.pdf ; <http://www.ohchr.org/EN/HRBodies/CEDAW/Pages/Recommendations.aspx>

⁴ Ibid.

⁵ Report of the UN Country Team in Ukraine, Report of the UN Country Team in Ukraine presented at the CEDAW Report of the UN Country Team in Ukraine, Report of the UN Country Team in Ukraine presented at the CEDAW 66th session, the UN Country Team in Ukraine, February 14, 2017, available at: <http://www.un.org.ua/en/information-centre/news/4040-report-of-the-un-country-team-in-ukraine-is-presented-at-the-cedaw-66th-session>

⁶ State Statistics Service of Ukraine, 2016.

quality, lack of economic opportunities and employment, and stigmas and negative attitudes preventing women with disabilities from participating in all aspects of public, political, economic, cultural, social and family life.

In 2017, the CEDAW Committee expressed particular concern at the lack of public policies and measures to protect the rights of women and girls with disabilities in Ukraine, including their rights to inclusive education, healthcare, employment, housing and participation in political and public life, as well as at the absence of mechanisms

to protect women and girls with disabilities from intersecting forms of discrimination and from violence and abuse⁷.

To address these shortcomings, UN Women in Ukraine supports initiatives targeting women and girls with disabilities, including advocacy. In order to identify and address the barriers that prevent or restrict the full and equal participation of women and girls with disabilities, UN Women has developed the Gender Accessibility Audit toolkit in partnership with the National Assembly of People with Disabilities of Ukraine.

HOW SHOULD THE GENDER ACCESSIBILITY AUDIT TOOLKIT BE USED?

The Gender Accessibility Audit toolkit is designed to provide a methodological description for how practitioners, policy makers, and gender and disability rights advocates can identify the infrastructure, information and communication barriers that prevent women and girls with disabilities from participating in public, political, social and cultural life. This toolkit can be used by duty-bearers, including local governments

and service providers, such as social security, health care, education services, etc. in inclusive local planning, budgeting, and the provision of services.

It can also be used by rights holders, i.e. representatives of civil society and gender equality and disability rights advocates, and women and men with disabilities to advocate for the elimination of identified barriers.

⁷ Concluding Observations of the Committee on the Elimination of Discrimination Against Women on the Eighth Periodic Report of Ukraine, March 3, 2017, par. 42, p. 13.

WHY IS THE ISSUE OF ACCESSIBILITY SIGNIFICANT FOR EVERYBODY?

«Day-to-day dependence on strangers on city streets means no accessibility. The daily fear of being injured or injuring others means no accessibility. The daily risk that your relatives and friends will not find time to help you this time means no accessibility. Accessibility means independence and safety, but it only exists in my imagination and what I saw in European cities».

(Lyudmyla, participant at the «Leaving no one behind. The rights of women with disabilities» forum, Kramatorsk, 2017)

When speaking about the rights of people with disabilities, we always focus on accessibility issues, as rights cannot be exercised unless there is access to them. Currently, many rights of men and women with disabilities in Ukraine are impossible to realize due to a lack of adequate accessibility in various areas. For example, the architectural inaccessibility of healthcare facilities deprives women and men with disabilities of quality service; the inaccessibility of educational institutions does not allow girls and boys with disabilities to exercise their right to education; the lack of translation into sign language during elections does not allow women and men with hearing impairment to exercise their voting rights, etc.

Article 9 of the United Nations Convention on the Rights of Persons with Disabilities⁸ establishes accessibility as a prerequisite for persons with disabilities to lead an independent lifestyle, equally

participate in social life, and exercise, without any restrictions, all their human rights and fundamental freedoms.

According to Article 9 of the UN Convention on the Rights of Persons with Disabilities, accessibility issues concern the physical environment, transport, information and communications, information and communication technologies and systems, as well as services. It is a cross-cutting issue that affects all areas of human life, including health, work, rehabilitation, employment, education, training, athletics, etc.

«Accessibility is the embodiment of the possibilities to organise many aspects of your life. It is independence, social adaptation and empowerment. It is a free choice of employment, which allows you to finance a variety of projects in your life».

(Oleh, NGO National Assembly of People with Disabilities)

⁸ Ratified by the Verkhovna Rada of Ukraine in 2009.

From the perspective of users with disabilities, accessibility stands for free and safe movement, the use of a product/service regardless of age, sex, or disability without any interference, on an equal basis with others, and with dignity and the highest possible level of independence from third parties⁹.

However, the issue of accessibility applies not only to women and men with disabilities. In fact, it applies to a much wider range of the population, including older men and women, pregnant women, children, women and men with strollers, travellers with suitcases, porters, women and men with temporary functional disorders, etc.

It is a matter of ensuring the observance of the rights of all people, and of justice and respect for human dignity. In many countries, accessibility is guaranteed by law, standards, regulations, etc.

In Ukraine, accessibility criteria and requirements are defined and prescribed in regulations, in particular the National Building Regulations (DBN)¹⁰.

Compliance with accessibility standards is economically viable for the country.

NATIONAL BUILDING REGULATIONS –

a set of regulations approved by the central executive body, which ensures the formation of state policy in the field of construction.

Law of Ukraine «On Construction Norms»¹¹

«Groups of people with reduced mobility are those whose individual mobility, process of obtaining a service, necessary information or orienting themselves in space is challenged».¹²

Denial of access to work, study, and services «steals» human resources and makes society poorer. The exclusion of men and women with disabilities from infrastructure and the services sector, and restricting their social contacts and involvement in social life results in fewer social, educational, and economic opportunities and raises the risk that they will not be able to get out of poverty, or that their state will further worsen. Ensuring free access

⁹ Survey of Men and Women with Disabilities, NAPD, 2015

¹⁰ State Construction Norms, DBN V.2.2-17:2006 Buildings and Structures. Accessibility of Buildings and Structures for Reduced Mobility Population Groups, adopted by Resolution № 362 of the Ministry of Regional Development, Construction, Housing and Communal Services of Ukraine dated 2 November 2006.

¹¹ Law of Ukraine No. 1704-VI On Construction Standards dated 5 November 2009, Verkhovna Rada of Ukraine, available at: <http://zakon5.rada.gov.ua/laws/show/1704-17>

¹² National Building Regulations DBN V.2.2-17: 2006 Buildings and Structures. Accessibility of Buildings and Structures for Reduced Mobility Population Groups.- Art.3. Terms and definitions.

to and opportunities to move around various public facilities, and access to information/services is an important factor in overcoming the helplessness and isolation of people with disabilities, and contributes to their independence and autonomy.

Accessibility in various sectors increases the chances of women and men with disabilities finding a job, getting an education, starting a family, using public

services; participating in social, cultural, recreational activities, and the job market, and thus being actively involved in socio-economic and political life.

Today, accessibility issues are often considered through the narrow prism of if there is or is not a ramp or access to a building. Such an approach and interpretation generate stereotypes, create additional barriers and increase financial costs.

Modern approaches to disability issues

In December 2006, the UN General Assembly adopted the Convention on the Rights of Persons with Disabilities, which envisaged the basic standards of protection and promotion of the rights and freedoms of people with disabilities, and adopted the unified approach to disability issues.

This international agreement also defines persons with disabilities as holders of human rights on an equal basis, recognises and respects human disability as an element of human diversity (Article 2), places responsibility on society and the government for ensuring the political, legal, social and physical environment of human rights support, and the full inclusion and participation of people with disabilities (Article 3).

The convention rather indicates than defines persons who can be considered persons with disabilities (Article 1). The Convention (Article 6) also envisages the responsibility of the state to promote the protection and realisation of human rights as applied to women and girls with disabilities, and emphasises the non-discriminatory approach applied by the Convention.

Article 9 of the Convention states that accessibility issues must be considered widely and apply to all persons with disabilities, regardless of their impairment, legal or social status, gender identity or age.

Although persons with disabilities have always had the same human rights as

all other people, this was the first time when their rights were consolidated in a legally binding document, which reflected all the changes that have taken place recently in addressing disability issues. The Convention is based on a social and legal approach to disability issues.¹³

Clearly, many countries, including Ukraine, tend to use the «medical» rather than «social» approach in developing state policy on people

with disabilities, which affects the content and quality of services, including accessibility issues. And most importantly, it does not promote the wider involvement of people with disabilities in public life, or in exercising their rights as citizens of the country. «Nothing for us without us!» is a slogan that conveys the idea that no policy, including on accessibility, should be developed without the full and direct participation of people with disabilities who are directly affected by such policy.

WHAT IS A DISABILITY?

- A disability reflects the correlation between the human body, mind and society in which we live; it is an integrated and evolving concept.
- A disability may be temporary, permanent, mild or severe, and may be the cause or consequence of illness or injury.
- There are different approaches to disability issues and they influence the formation of policies.
- The reflection of disability issues is complicated in key areas, such as a lack of financing and human potential, lack of training and experience in planning and implementing projects/programmes; lack of consistent policies and plans, political will, etc.
- Disability alone does not humiliate or restrict human rights.
- State actions should aim to recognize and eliminate barriers.

Given the new approaches to disability issues, all legislation, policies and strategies, including those relating to gender equality, must take into account the special situation of women with disabilities.

¹³ UN General Assembly, United Nations Convention on the Rights of Persons with Disabilities, 2006, Preamble, available at: http://zakon3.rada.gov.ua/laws/show/995_g71

What is "reasonable accommodation"?

Reasonable accommodation¹⁴ means necessary and appropriate modifications and adjustments that do not impose a disproportionate or undue burden, based on a particular case, to ensure persons with disabilities can enjoy or exercise on an equal basis with others all human rights and fundamental freedoms¹⁵.

The concept of accessibility applies to various groups of women and men. However, existing buildings in which services to the population are provided, cannot always be adapted to the challenges of groups of people with reduced mobility due to design or technical features, because the buildings are old or are classified as architectural monuments, etc. Nonetheless, according to Article 9 of the UN Convention

on the Rights of Persons with Disabilities, States Parties shall take appropriate measures to ensure access to any facilities and services for persons with disabilities on an equal basis with others.

Compliance with the principle of reasonable accommodation is mandatory if it is required by a person to exercise their rights on an equal basis with others in a specific situation (in the workplace, at school, in the service sector, etc.). In such a situation, accessibility standards may serve as a recommendation, but cannot be considered a strict requirement.

For example, reasonable accommodations may include portable ramps, lifting devices, etc.



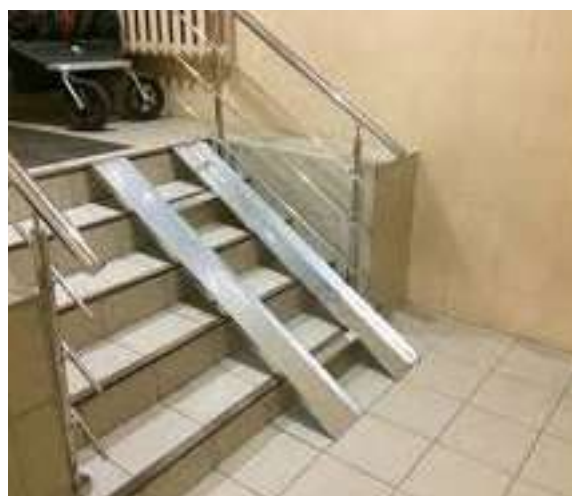
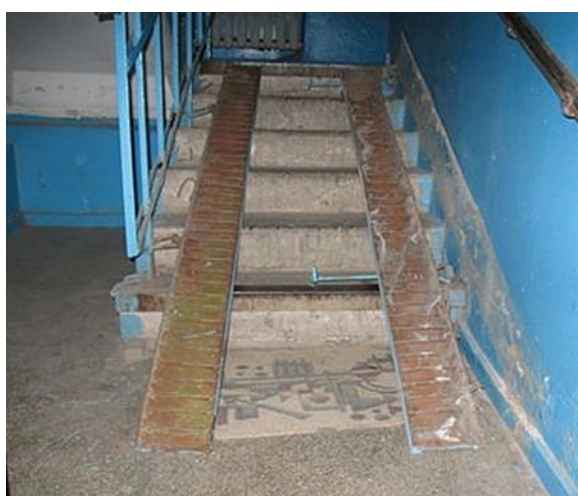
¹⁴ Clarifications provided in accordance with the recommendation of the UN Committee on the Rights of Persons with Disabilities

¹⁵ General Assembly of the United Nations, United Nations Convention on the Rights of Persons with Disabilities, 2006, Article 2 Definitions

Reasonable accommodation is an alternative if a certain building is impossible to modify to fit the needs of low mobility visitors (for example, an architectural monument). Such devices serve as a tool to ensure access to the building or to a specific place inside the building to receive services on an equal basis with others, albeit with third-party assistance.



However, safety always comes first. For example, it might not be safe to use a portable ramp steeper than a certain degree, as its operation would present the risk of injury to both the person in the wheelchair and the helper who is trying to push the wheelchair up the steep stairs.



In fact, the issue at hand is reasonable accommodation, not just a «call button», as is often the interpretation by service providers. A call button is not an accessibility component, as it is not included in DBN V.2.2-17: 2006, and in no way can be interpreted as a «reasonable accommodation».



A call button can only be a means to establish contact to further benefit from reasonable accommodation.

The service must be provided on an equal basis with others, that is, indoors, not on the street.

A medical institution, pharmacy, state tax authority, bank, etc. cannot provide service to a person with a disability outside.

Human dignity is a key element to be regarded, including in the context of the reasonable accommodation concept.

«Accessibility is an opportunity for self-fulfilment, accessibility to all facilities for all people receiving services; it is comfort, freedom ...»

(Tetyana, participant of the «Conducting the Gender Accessibility Audit» training, 16 April 2018)

THE GENDER ACCESSIBILITY AUDIT: WHAT IS IT AND WHY IS IT IMPORTANT?

Inadequate consideration of gender aspects and specifics in accessibility policies prevents women and girls with disabilities from having an independent lifestyle, participating in all aspects of life on an equal basis as others, and violates their rights to education, employment, quality health services, access to information, individual mobility, access to justice, etc.

The Gender Accessibility Audit is a tool to help identify architectural, infrastructural, information and communication barriers restricting the access of women with disabilities to services, and as a result their direct or indirect discrimination, social isolation, marginalisation and exclusion from public and political life.

The Gender Accessibility Audit defines accessibility as the ability to access and benefit from public services, which makes it possible for all women and girls to enjoy human rights and equality based on the “leave no one behind” concept.

Conducting a gender accessibility audit is particularly important in the context of decentralisation and local development reform, as its results help

build the potential to create inclusive and gender-oriented local services for women and men with disabilities.

The Gender Accessibility Audit¹⁶ assesses the quality indicators of service delivery for women and girls with disabilities, identifies barriers and accessibility issues, and recommends ways to address them. The audit can be conducted in various sectors, such as architecture, transportation, access to information (e.g. websites), ICT services, etc. It is both a tool and a process based on the methodology of end user participation (women and men with disabilities). As experts in disability experiences, they can best assess the situation and show how to improve it.

People with disabilities have expansive life experience dealing with disability issues, but so far they have remained excluded from social life and isolated from the decision-making process affecting their lives. In accordance with Article 4 of the UN Convention on the Rights of Persons with Disabilities, they should be actively involved at all stages of policy development and implementation in person or through public organisations representing their interests.

¹⁶ The issue of accessibility is addressed in accordance with Art. 9, CRPD.

The policy of an institution (such as an educational institution, medical facility, rehabilitation centre, museum, transport station, company, etc.) from a gender perspective, accessibility issues in a broad context, and disability can also be assessed by conducting an expanded gender accessibility audit.

This document provides guidance on conducting a gender audit as regards architecture and service accessibility. The material is based on the many

years of practice of the NGO National Assembly of People with Disabilities of Ukraine and materials developed in cooperation with UN Women.

In November 2017, a Gender Accessibility Audit was conducted by UN Women in Ukraine in partnership with the National Assembly of People with Disabilities and the Kramatorsk City Council, with financial support from the European Union.

KEY COMPONENTS OF THE PRACTICAL GUIDE INCLUDE:

- Investigation – conducting an accessibility audit by filling out a questionnaire developed on the basis of the DBN based on the sector: health, education, social protection, sports, etc.
- Review of the situation based on the accessibility audit and the preparation of gender-sensitive recommendations
- polls/interviews/focus groups with users, specialists, civil servants
- round tables/seminars/accessibility committee meetings with key stakeholders on the development of a joint action culture, plan for eliminating identified barriers, revising the institution’s policy, and introducing innovations
- monitoring
- advocacy

Legal framework for gender accessibility audits

Ukraine has ratified the main international instruments on human rights, gender equality and women's rights, in particular, the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), acceded to the Beijing Declaration, and ratified the United Nations Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto. The country has also localised the Sustainable Development Goals, which were adopted in September 2017. Ukraine has adopted an Action Plan for implementing the National Human Rights Strategy for the period until 2020, and adopted the State Programme for Equal Rights and Opportunities for Women and Men for the Period until 2020. Adequate attention to gender equality and combating gender-based violence is part of the EU-Ukraine association agreement.

But despite the updated legislation, the further exclusion of women who face multiple forms of discrimination from reforms and recovery processes is of particular concern. The various groups that may be left behind include women with disabilities.

Although there is a national policy and regulatory framework in the field of human rights and gender equality in place, they are not yet mainstreamed in national reforms. Inadequate attention has been paid to issues of women with disabilities in sectoral reforms, such as decentralisation. Issues of disability are not included in state policy either, and are instead addressed separately and without the use of participatory processes. The State Target Programme on the Implementation of the UN Convention on the Rights of Persons with Disabilities until 2020 does not envisage any action for the implementation of Article 6 concerning women with disabilities.

Ukraine has ratified a number of international legal instruments on the protection of the rights of persons with disabilities, which form the rules of direct action and binding. They also guarantee the principles of accessibility and universal design, as well as quality services for that specific group of people.

Most of the provisions of said acts have been integrated into national legislation. A wide range of actions

to protect the rights of people with disabilities, regardless of the group and causes of disability, are determined by the following laws of Ukraine: «On the Fundamentals of Social Protection of Persons with Disabilities in Ukraine»¹⁷, «On the Rehabilitation of Persons with Disabilities in Ukraine»¹⁸, «On the Planning and Development of Territories»¹⁹, «On Consumer Rights Protection»²⁰, «On Transport»²¹, «On Urban Electric Transport»²², «On Road Traffic»²³; Decrees of the President of Ukraine: No. 900 «On Priority Measures for the Establishment of Favourable Living Conditions for Persons with Disabilities», No. 1228/2007 dated 18 December 2007 «On Additional Immediate Measures to Create Favourable Conditions for the Livelihoods of Persons with Disabilities», No. 588 «On Measures to Solve the Actual Issues of Persons with Disabilities», and many others.

It would also be appropriate to mention Decree of the Cabinet of Ministers of Ukraine No. 1073-r dated 28 December 2016 «On Approval of the Action Plan for the Implementation of Recommendations Set Out in Concluding Observations of the United Nations Committee on the Rights of Persons with Disabilities on the Initial

Report of Ukraine on its Implementation of the Convention on the Rights of Persons with Disabilities for the Period up to 2020». This document obligates public authorities to take appropriate measures to ensure accessibility in various sectors.

The main document on accessibility for persons with disabilities is DBN V.2.2-17: 2006 «Accessibility of Buildings and Structures for Reduced Mobility Population Groups». And although according to the Law of Ukraine «On Construction Standards», DBNs apply to the design and reconstruction of civil (residential and public) buildings and structures, they are, first and foremost, a criterion for determining the accessibility of existing facilities and incorporate the needs of people who fall under reduced mobility population groups. As of September 2018, work is underway to revise and amend DBN B.2.2-17, and its new revision is to be approved in late 2018.

To improve accessibility for people with visual and hearing impairments, there is the separate State Standard of Ukraine DSTU-N V.2.2-31-2011 «Guidelines for Accommodating Civil Construction Buildings With

¹⁷ Law of Ukraine No. 875-XII On the Fundamentals of Social Protection of Persons with Disabilities of Ukraine dated 21 March 1991

¹⁸ Law of Ukraine No. 2961-IV On the Rehabilitation of Persons with Disabilities in Ukraine dated 6 October 2005

¹⁹ Law of Ukraine No. 1699-III On the Planning and Development of Territories dated 20 April 2000

²⁰ Law of Ukraine No. 1023-XII On the Protection of Consumer Rights dated 12 May 1991

²¹ Law of Ukraine No. 232/94-VR On Transport dated 10 November 1994

²² Law of Ukraine No. 1914-IV On Urban Electric Transport dated 29 June 2004

²³ Law of Ukraine No. 3353-XII On Road Traffic dated 30 June 1993

Accessibility Infrastructure for People with Visual and Hearing Impairments».

Regarding the accessibility of urban environments, transport and transport infrastructure for reduced mobility public groups (RMPPG), there are a number of other norms:

DBN B.2.2-12: 2018 “the Planning and Development of Territories”, DBN V.2.3-5-2018 “Streets and Roads of Settlements”, etc. in addition to the above-mentioned building codes.

By ratifying the United Nations Convention on the Rights of Persons with Disabilities, Ukraine has undertaken the appropriate commitments, including the adoption of international accessibility standards. In particular, Decree of the Ministry of Regional Development, Construction and Housing and Communal Services of Ukraine No. 481 dated 3 October 2013

adopted national standard DSTU B ISO 21542:2013

“Buildings and Structures. Accessibility and Usability of the Built Environment” (ISO 21542:2011, IDT). (This standard is identical to ISO 21542:2011 Accessibility and Usability of the Built Environment.) This international standard establishes a number of requirements and guidelines for providing access to buildings, functioning within the building, and contains provisions related to environmental features directly related to access to a building or group of buildings.

These and other legislative and legal acts guarantee protection of the rights of persons with disabilities and the provision of quality services alike, and also establish the responsibility of both public and private (including business) entities for meeting their requirements.

How is a gender accessibility audit conducted?

Conducting a gender accessibility audit is a team effort. Auditors are typically no more than consultants; they give advice, but the decisions about what is to be refit or adapted and how are up to the client/head of the institution with the help of other specialists. Therefore, we must be correct, accurate, and real to avoid subjectivity.

Examples of a phased gender accessibility audit:

STAGE 1

- Define the goals and objectives of the gender audit. Select the facilities.
- Appoint a 2-3 person team of auditors (possibly up to 5 people). Agree on the action plan and divide the responsibilities. Mandatory condition: the team must include women with disabilities.
- Conduct training for the team(s) on accessibility issues, DBN, and rights of women with disabilities.
- Prepare the feedback form/questionnaire(s).²⁴
- Obtain official authorisation to conduct an audit/survey. Identify the date and time (schedule). For example, an audit may take place in a hospital where there is a larger flow of patients in the morning, so you can agree with the administration to conduct the audit in the afternoon. A representative of the organisation to be audited must be present during the accessibility audit. Upon completing the audit, they will sign the report along with the auditors.
- Prepare the equipment (measuring tape, trammel, dynamometer, level, dictaphone, camera, pen, notebook).
- Transport. Auditors are often people with physical and sensory impairments, so it is necessary to rent a vehicle for the duration of the audit.
- Clothing. If the audit is outdoors, the auditors should be dressed in bright visible clothing. It is best to wear special reflective vests.
- Conduct the audit with metering and a clear completion of the questionnaire. Process the data.
- Draw up the report and discuss it with the representatives of the institution.
- Interview staff and service users. Summarise the findings.
- Draw up the final gender accessibility audit report. Include recommendations.

²⁴ As already mentioned above, DBN B.2.2-17 is the basic document for determining accessibility for people with disabilities and reduced mobility population groups, but in preparing an audit questionnaire, it is also necessary to use DBNs that reflect the specifics of a particular area. For example, DBN B.2.2.3-97 Educational Institutions, DBN B.2.2-4-97 Pre-school Institutions, DBN B.2.2-10-2001 Healthcare Establishments, DBN B.2.2.2007-12 Social Protection Institutions, etc. When preparing the questionnaire, we include information based on the DBN requirements, taking into account gender specifics. For example, when reviewing the physical accessibility of a hospital, we pay special attention to the gynaecological office, equipment (armchairs, couches) and the accessibility and quality of services provided to girls and women with disabilities.

STAGE 2

- Inform women and men with disabilities, the community, representatives of local authorities, and deputies about the gender audit findings. Prepare information for traditional and social media sources, hold press conferences, spread information, etc.
- Speak at meetings of accessibility committees, roundtables, and sessions of local councils on the audit findings, and draw attention to the elimination of barriers in providing services for women and girls with disabilities.
- Draw up a step-by-step action plan to eliminate existing barriers (with a feasibility study, if possible) involving all stakeholders.

STAGE 3

- Plan and run an advocacy campaign.
- Monitor and evaluate the implementation of audit findings.

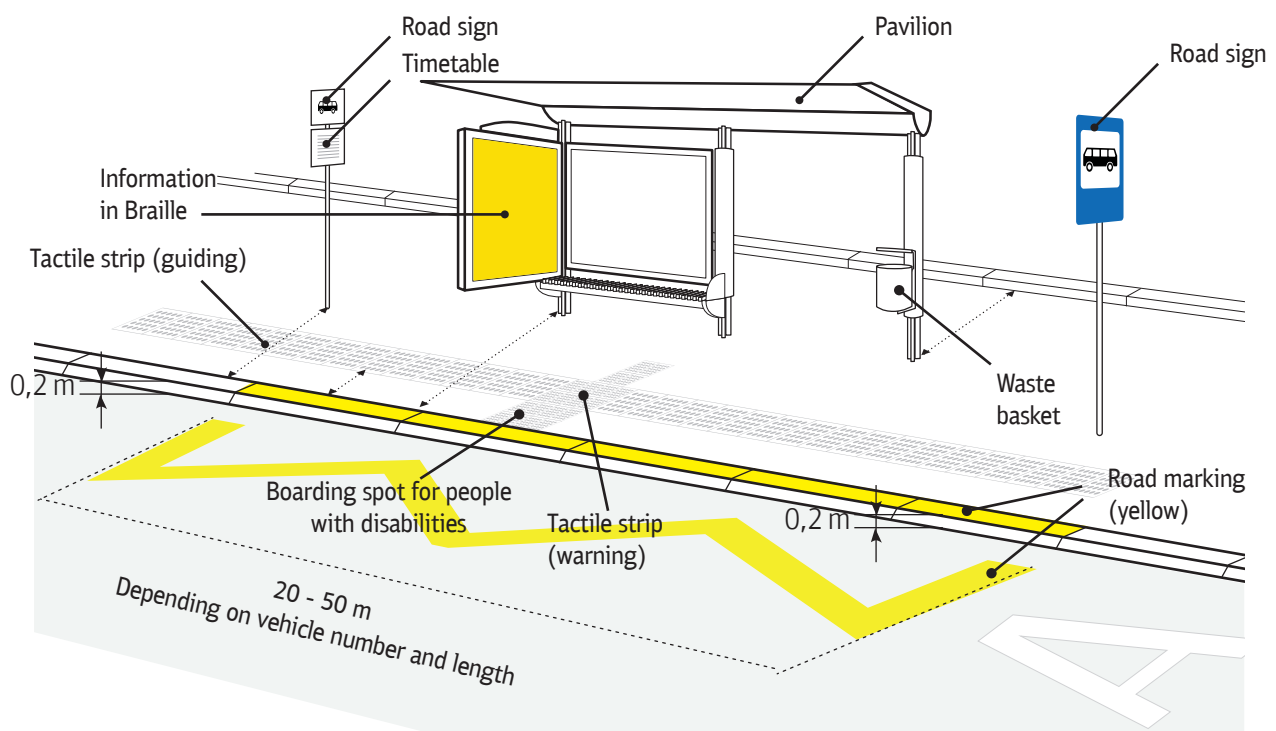
What should be addressed when conducting a gender accessibility audit?

Example of a public transport stop built according to standards.

Typically, the area belongs to the city and should be maintained by local government services. It may include crossroads with pedestrian crossings, which must be crossed by a person on the way to their destination: a public establishment.

It often happens that there is also a public transport stop at the facility, such as a bus/trolley/tram stop. To understand if access to the services is possible, it is also important to examine these facilities and submit a report to the local government asking them to take any necessary measures.

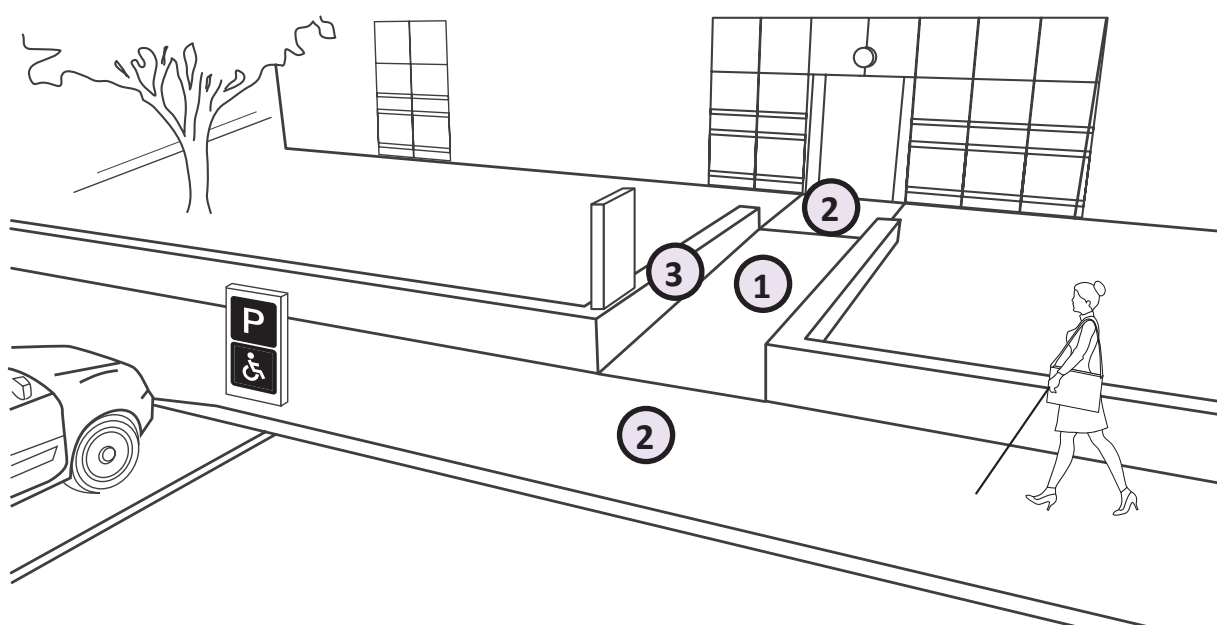
Example of a public transport stop built according to standards.



Any pedestrian paths/sidewalks should be safe for all pedestrians, including individuals, families, groups, and persons with disabilities.

Moving around the adjacent area to the public facility should also be unhindered, seamless, and safe for all pedestrians,

including individuals, families, groups, and persons with disabilities. The surface of the pedestrian paths should have no potholes or cracks; tree branches should not hang over the sidewalk below 2.1 m, and the branches of bushes should not protrude over 10 cm.



NOTE:

1. Sloping approach (wherever the slope is steeper than 1:20 (5%), the approach must include a ramp)
2. Horizontal plane before and at the end of the incline (ramp), intermediate platforms
3. Marking on the walls to serve as tactile indications about directions



The width of a pedestrian path should allow simultaneous passage of two persons in wheelchairs or with children's strollers, which are moving in parallel or towards each other. According to construction standards, the width should be 1.8m, but not less than 1.5m.

The example in the photo shows that accessibility norms are not met, as the sidewalk is too narrow.

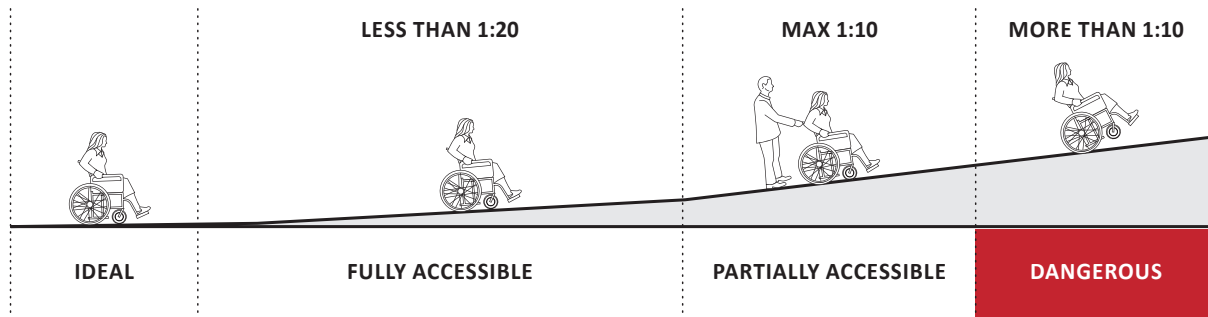
What is a ramp?

RAMP -

a sloping surface joining two different level surfaces and providing access for wheeled transport and people from one level to another. However, it must be emphasised that a ramp can only be safe when the sloping surface is solid and built to regulatory requirements.

It is established that a ramp with a slope of 8% (1:12) is safe. In other words, it is required that the length of the inclined surface be 1:12 for every 10 cm of height. This is required by state building

codes. If the height differential is up to 20 cm, then the slope may be 10%, or 1:10. For example, if the height is 20 cm, then the length of the inclined surface may be 2 m.



Places to board and alight vehicles, as well as parking space for persons with disabilities.

The relevant legislative and regulatory requirements, in particular, Article 30 of the law of Ukraine “**On the Basics of Social Protection in Ukraine**”, state:

Parking spaces for vehicles in specially equipped or designated areas near buildings and structures should be located as close as possible to the entrance to such buildings and structures.

Requirements: Item 5.13, DBN B.2.2-17. At least 10% of spaces (but not less than one) should be allocated as parking spaces for persons with disabilities in open individual parking lots at service establishments.

Parking spaces allocated for persons with disabilities should be additionally indicated by sign plate 7.17, which indicates that the space is designated only to motorised wheelchairs and vehicles equipped with the sign “Person with disability” in accordance with traffic regulations.

In addition, parking spaces may be marked on the road surface with horizontal road marking 1.28 in accordance with DSTU 4100.

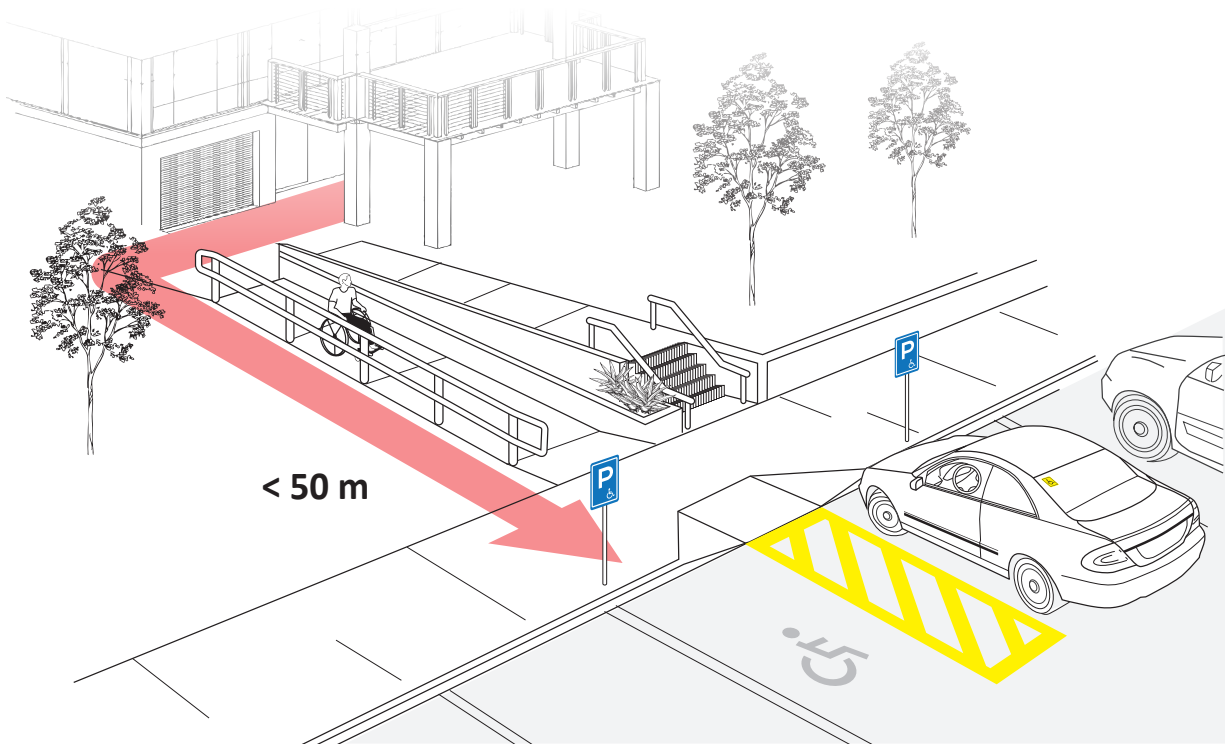
Parking spaces for a person with disabilities should be at least 3.5 m wide. There also must be a ramp to access the sidewalk, etc.



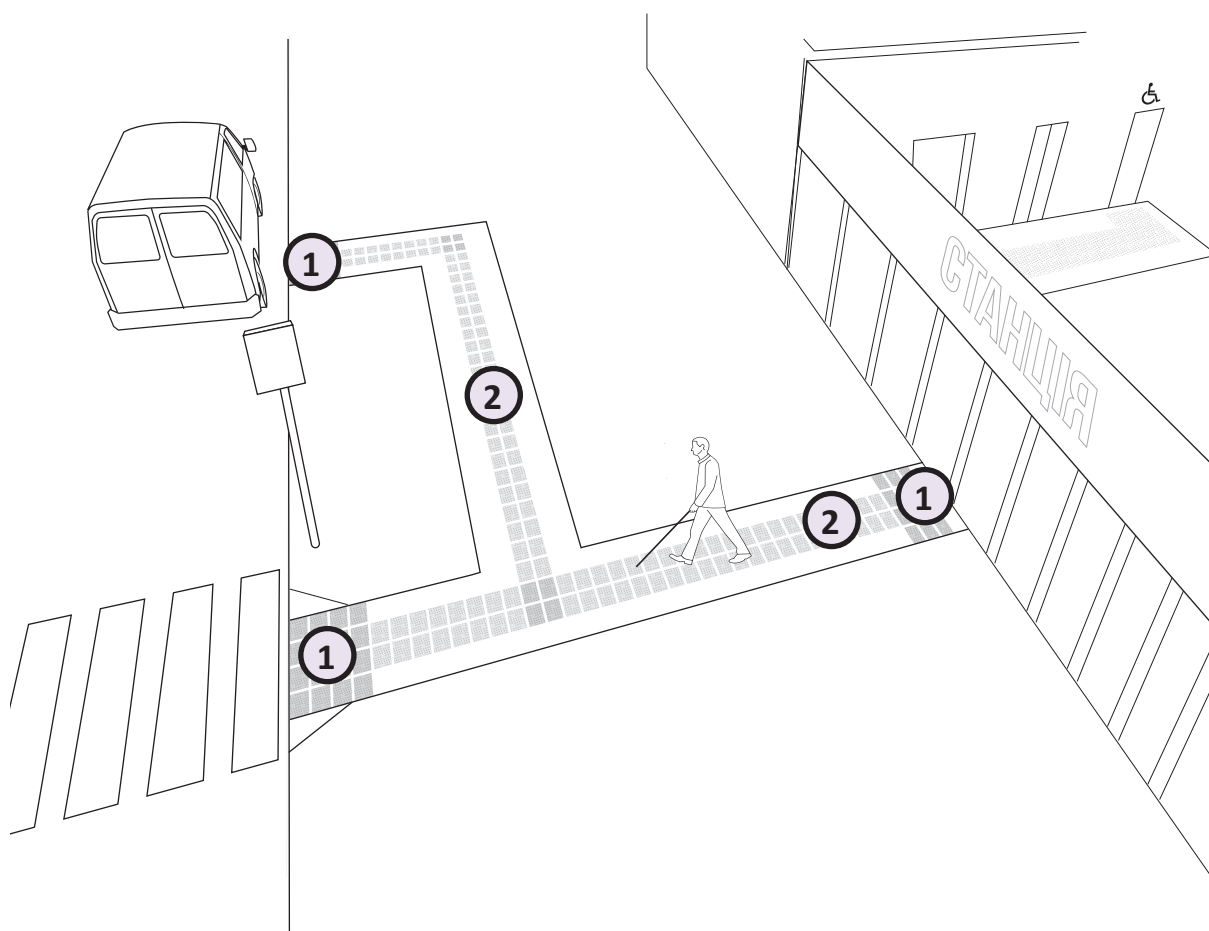
7.17



1.28



The way from the parking lot to the building should also be safe, barrier-free, and include guides for people with visual impairment.



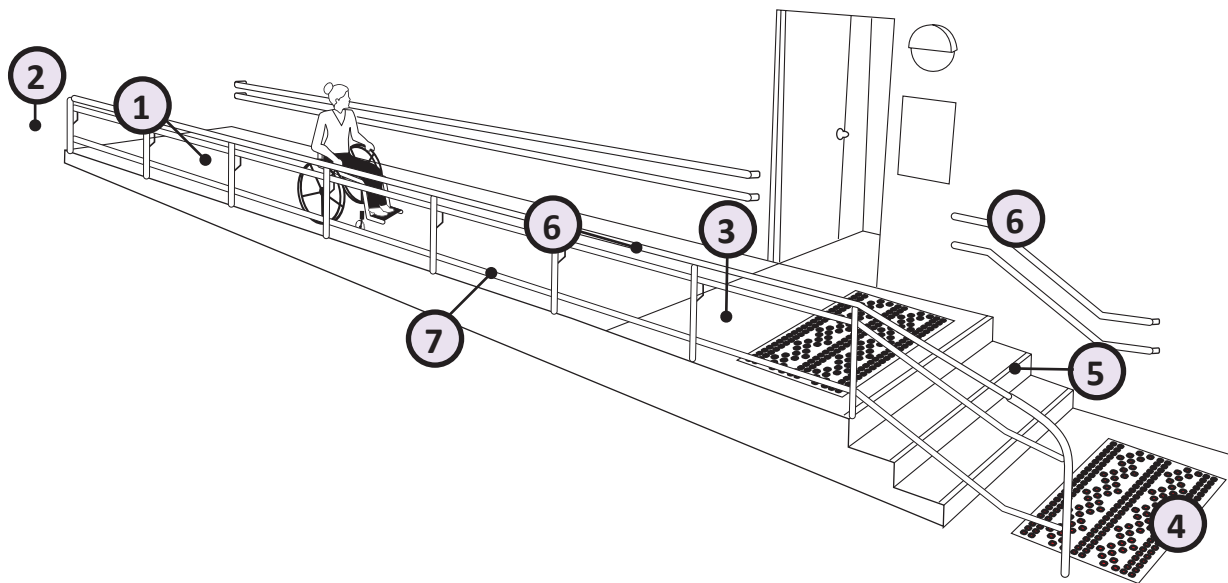
NOTE:

1. Warning tactile strip
2. Guiding tactile strip

Public buildings and facilities

If the building or facility is on a balance sheet or leased, the owner or service provider shall be responsible for establishing all accessibility

conditions. If there is a staircase before the entrance to the building, it must be equipped with a standard ramp.



NOTE:

1. Surface of the ramp (maximum slope and length)
2. Horizontal area at the beginning of the ramp
3. Horizontal area in front of the entrance door
4. Tactile warning elements (on the surface in front of the stairs)
5. Stairs with markings
6. Handrails on both sides of the ramp and stairs
7. Side rail, minimum 150 mm width between the rails

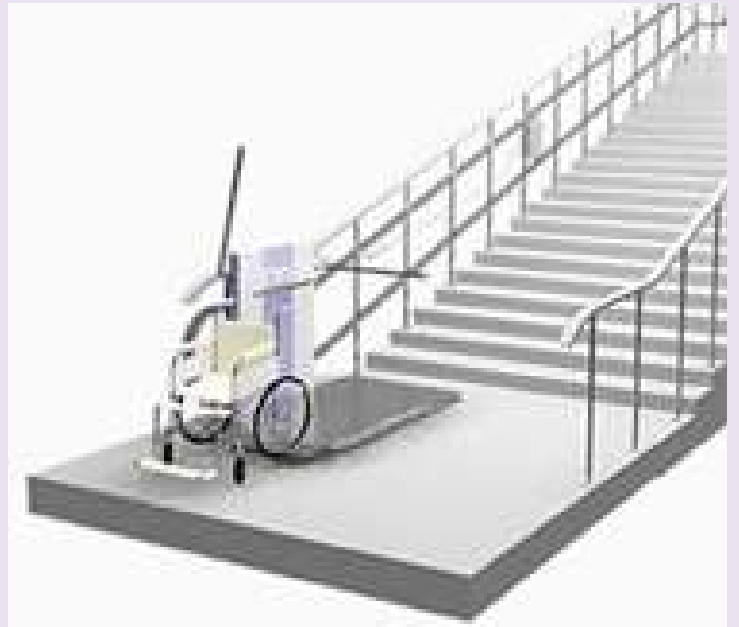


The ramp shown here is dangerous!

In this case, only a lifting device is possible, depending on the situation:

- with a vertical lift
- with a lift parallel to the slope of the stairs.

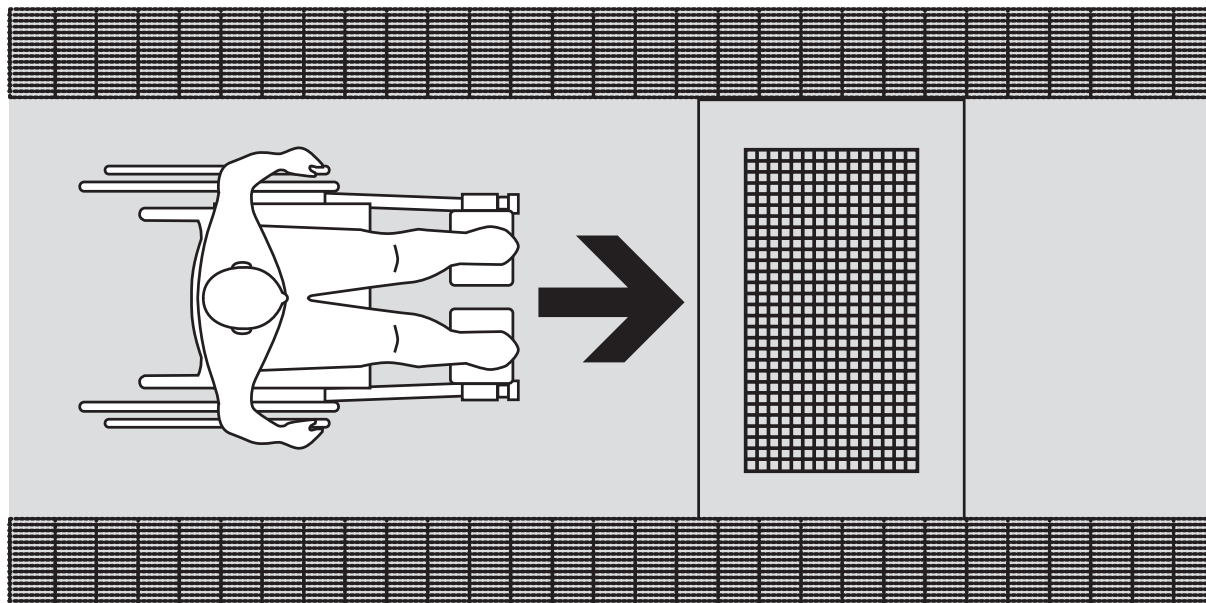
Lifting device with a lift in parallel to the slope of the stairs



Lifting device with a vertical lift



Entrance group



It is often the case that there is a door mat or something else in front of the front door, or directly in the lobby. You must be careful not to create barriers!

Doormats, drainage and collecting bars should not create barriers and be level with the floor; the size of the opening (holes) should not exceed 1.5x1.5cm. This is especially important for evacuation routes.

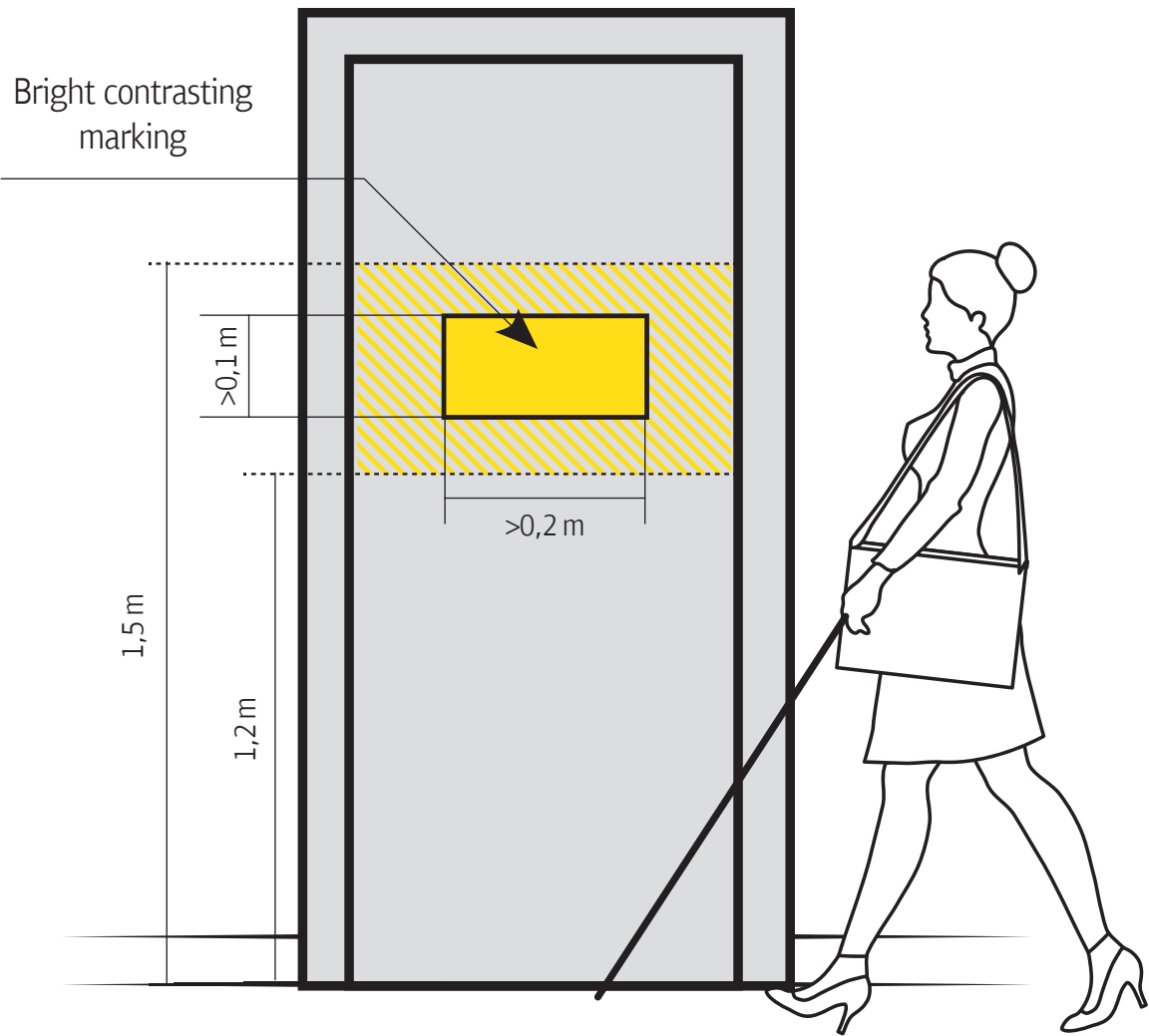
It is best that the doors of the entrance group have no thresholds. But if this is not possible, then their height should not exceed 2.5 cm.

The doors of the entrance group should have transparent parts. This is important not only for the natural light, but also for safety reasons.

Transparent door parts should have a contrasting marking of at least 10 cm high and at least 20 cm wide, at the eye level of a standing person, i.e. over 1.2 m and under 1.5 m from the floor.

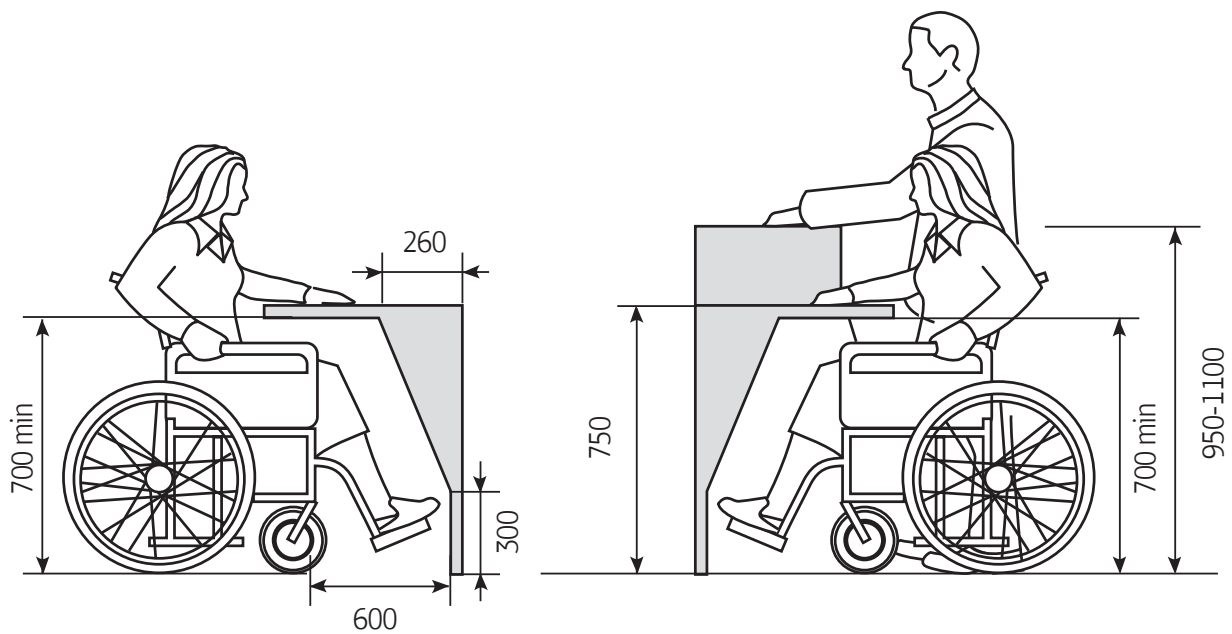
Transparent parts create an illusion of open space for people with visual impairment.

It is also important that the entrance be equipped with a «metronome» type sound beacon to be a guide for persons with visual impairment.

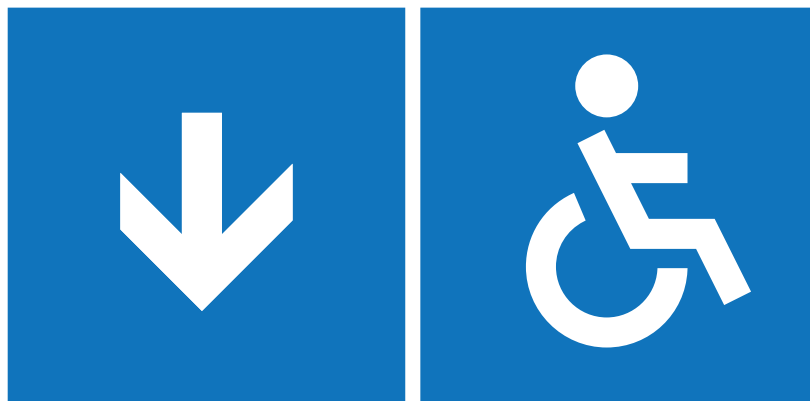


Entrance hall, lift hall, etc.

This is the area where people get information about the services they are interested in. The check-in desk or reception desk (at least one) should be available for use by people in wheelchairs. The dimensions are listed below:



This spot should have a marking visible from afar, even over the heads of people in a crowd.



Lift

Not all public facilities have modern lifts equipped with tactile buttons and voice info. But what is available should always be made accessible and understandable to blind people. Typically, the floor number should be indicated on the wall in front of the lift door, so it can be seen without leaving the lift. Unfortunately, this type of sign is invisible to people

with visual impairment. It would be more adequate for blind people to mark the floor number with a tactile number plate to be installed on the lift doorway at about 1.4m to 1.75m high from the floor, so it may be reached and touched with an outstretched arm without leaving the lift.

For example, 2nd floor:



Stairs inside the building

It is best if the stairs have rails on both sides of the staircase and are continuous, including on the landing between the floors. This is important for blind people.

It is also important that the upper or lateral staircase surfaces (external to the staircase) have tactile floor number markings. The appropriate dimensions should be at least 0.01 m wide and 0.015 m high, and have an elevation of tactile numbers of at least 0.002 m.

It is recommended to apply a warning contrasting and tactile strip 60 cm wide on the initial staircase flight (immediately below and above).

The edges of the first and last steps of the staircase flight must have a contrast marking: approximately 5 cm wide on the horizontal surface of the steps, and 1-3 cm on the vertical. See the example.

A technical line drawing of a staircase section. A handrail is shown on the left side, with a square box containing the number '2' above it. The drawing shows the profile of the handrail and the steps. Two points on the horizontal surface of the steps are marked with the letter 'A', indicating the placement of tactile markings.

A technical drawing showing two views of tactile markings. The top view shows a rectangular area with a grid pattern, with a dimension of 600 indicated above it. The bottom view shows a similar grid pattern on a sloped surface, also with a dimension of 600 indicated above it.

A technical drawing showing a close-up of a step edge. It illustrates a contrast marking on the horizontal surface of the step, with a dimension of 50 indicated above it. The vertical surface of the step is also marked, with a dimension of 40 indicated above it. The angle of the step is marked as ≤ 30 .

A photograph of a staircase with a handrail. The handrail is black and has a square box containing the number '2' above it. The steps are marked with tactile markings. A sign with an arrow and the number '26' is visible on the wall.

GENDER ACCESSIBILITY AUDIT

33

Sanitary and restroom facilities

Very little attention is often paid to restroom facilities for visitors in existing public buildings. This is not acceptable.

In accordance with regulatory requirements, any public buildings where the estimated number of visitors is 50+ persons, or where the estimated duration of stay of a visitor is 60+ minutes, must be equipped with restrooms, including a universal stall for persons in wheelchairs.

It may not always be possible to have a separate restroom with

a universal booth on all floors because of space restrictions. But the existing restrooms on floors, separate for women and men, may always accommodate a larger booth compatible with a wheelchair. Ideally, when refurbishing restroom facilities, the partitions between booths are not made of brick, as is often the case, from the floor to the ceiling. It is sufficient to make partitions from panels, suspending them from above and leaving a 30 cm space below. The doors of the booth should open to the outside. The following is an example:



In addition, restrooms with a universal booth or women's facilities should have a diaper changing board.

See the following example of a pull-down diaper board in a public facility.

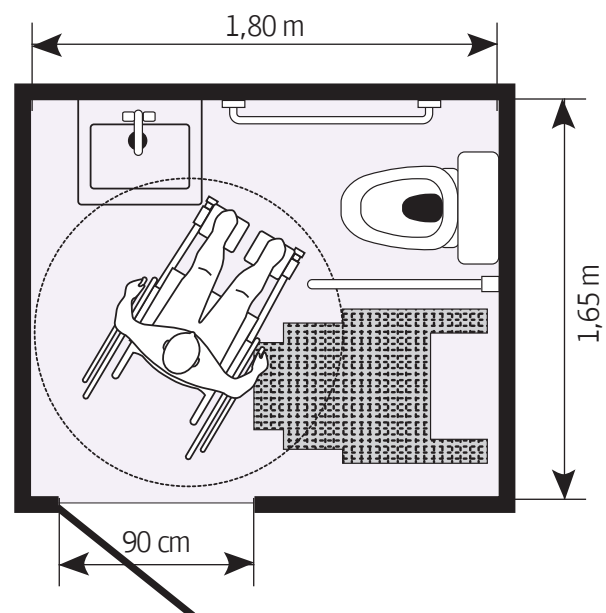


A universal booth in a public restroom should have the following dimensions, not less than:

- width – 1.65 m
- depth – 1.8 m

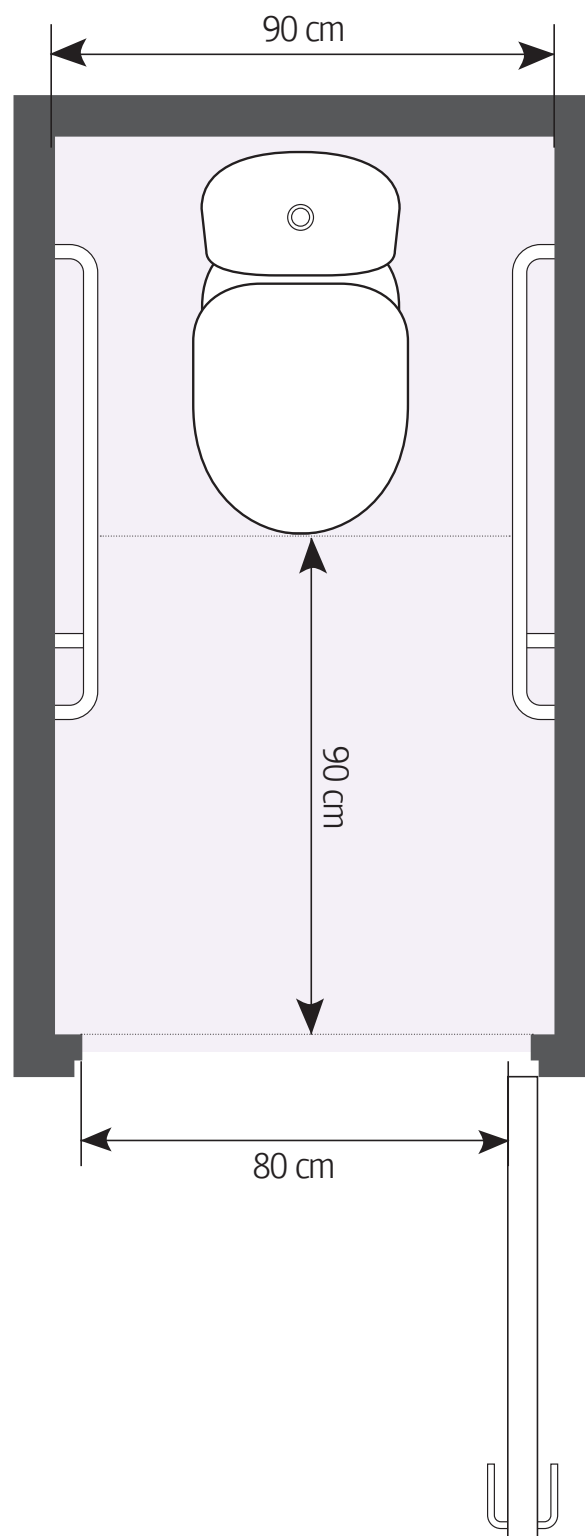
The area next to the toilet should have an empty space for the wheelchair.

Clearly, if a diaper board and couch are to be accommodated as well, more space would be required: at least 2.3 x 3.0 m

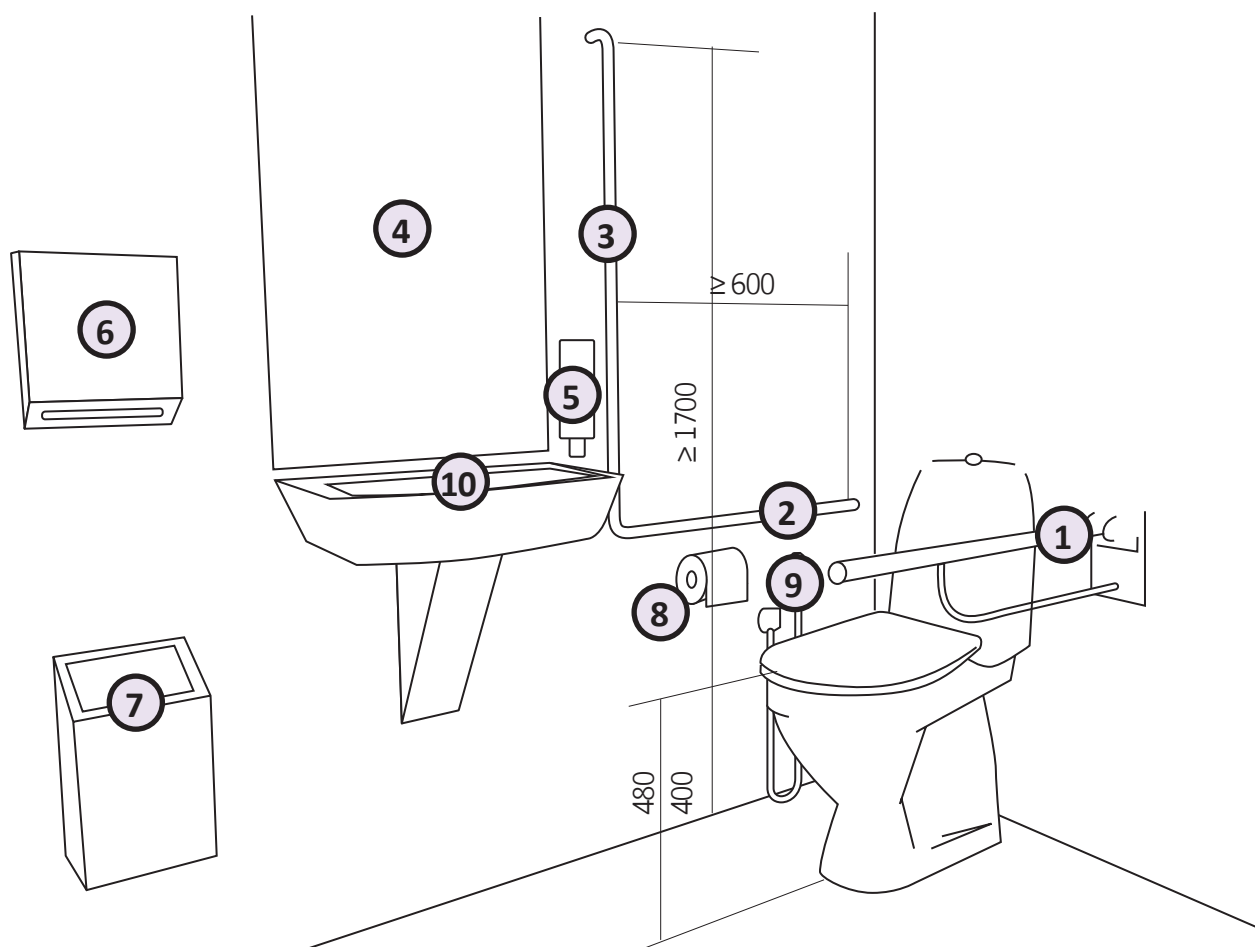


If it is impossible to install a universal booth as shown above, then one of the other booths can always be adjusted to the following dimensions:

- Width not less than 90 cm
- Door with a width of not more than 80 cm, opening to the outside
- Distance from the edge of the toilet to the door not less than 90 cm
- Holding rails to be attached at a height of 80 cm on both sides of the walls



Auxiliary handrails and other accessories and equipment are critical for people with disabilities. Below is a list of auxiliary equipment and their mounting options.



NOTE:

1. A pull-down handrail 200-300 mm above the seat.
2. A horizontal wall handrail 200-300 mm above the seat.
3. A vertical wall handrail.
4. A mirror; top height min. 1,900 mm, lower height max. 900 mm above the floor.
5. A soap dispenser 800-1,100 mm above the floor.
6. A towel or hand dryer 800-1,100 mm above the floor.
7. A trashcan.
8. A toilet paper dispenser 600-700 mm above the floor.
9. Independent water supply.
10. A washbasin; maximum 350 mm from the wall

Building rooms

When conducting a gender accessibility audit, we must take into account the type of services provided at a facility and adhere to the building codes of a particular type of activity.

For example, a polyclinic/hospital.

When conducting a gender accessibility audit, we must pay attention to all premises of the facility, including offices, laboratories, procedure facilities, cafeterias, restrooms and showers, x-ray and mammography rooms, lounge areas, etc.

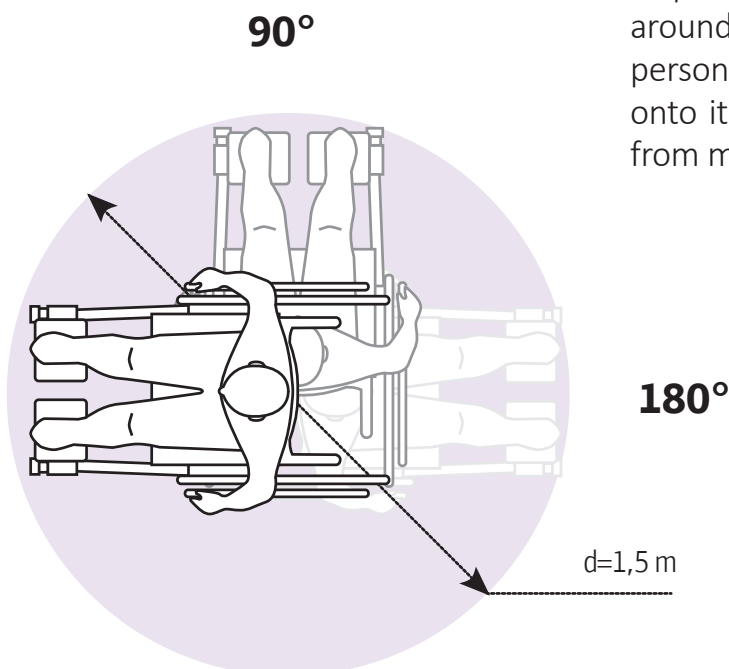
Accessible office (examination, treatment, diagnostic).

Access must be provided on both sides of the door (outside and inside the office), and the space must be free of furniture, boxes and equipment to prevent interference with manoeuvring or movement in the hallway. In addition, doors must be able to be opened with minimal effort, and lever-type door handles should be used.

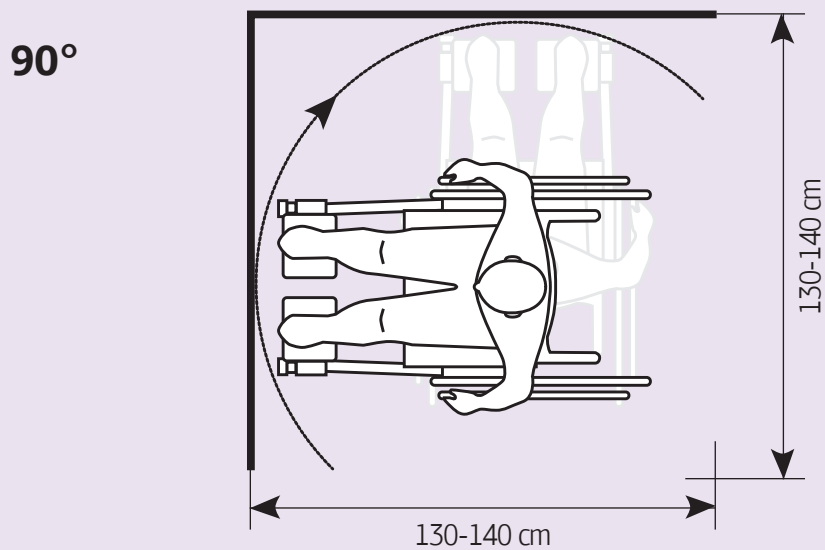
To enable a person with reduced mobility to reach the examination table/chair, it is necessary to provide free space to manoeuvre a wheelchair.

The 90-180° rotation area for the wheelchair must be at least 1.5 m in diameter.

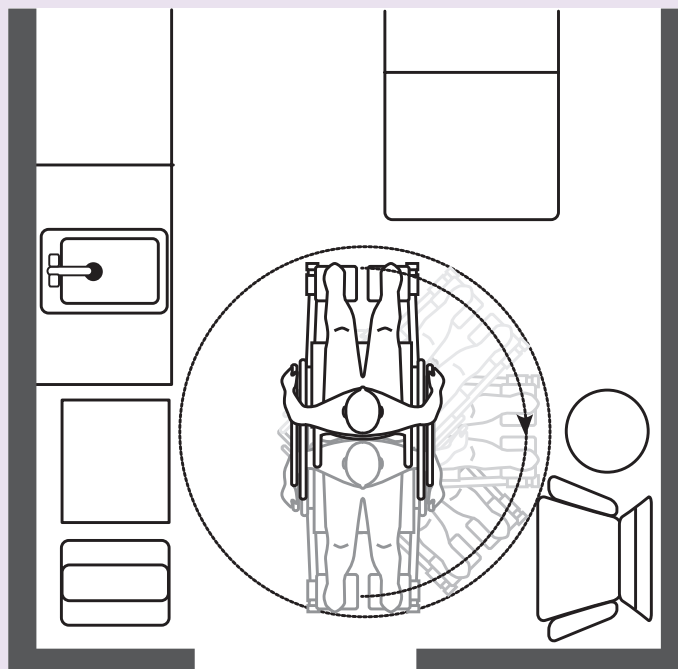
A space of this size should be left empty around the examination table/chair so a person in a wheelchair, etc. can get into/onto it on their own or with assistance from medical staff.

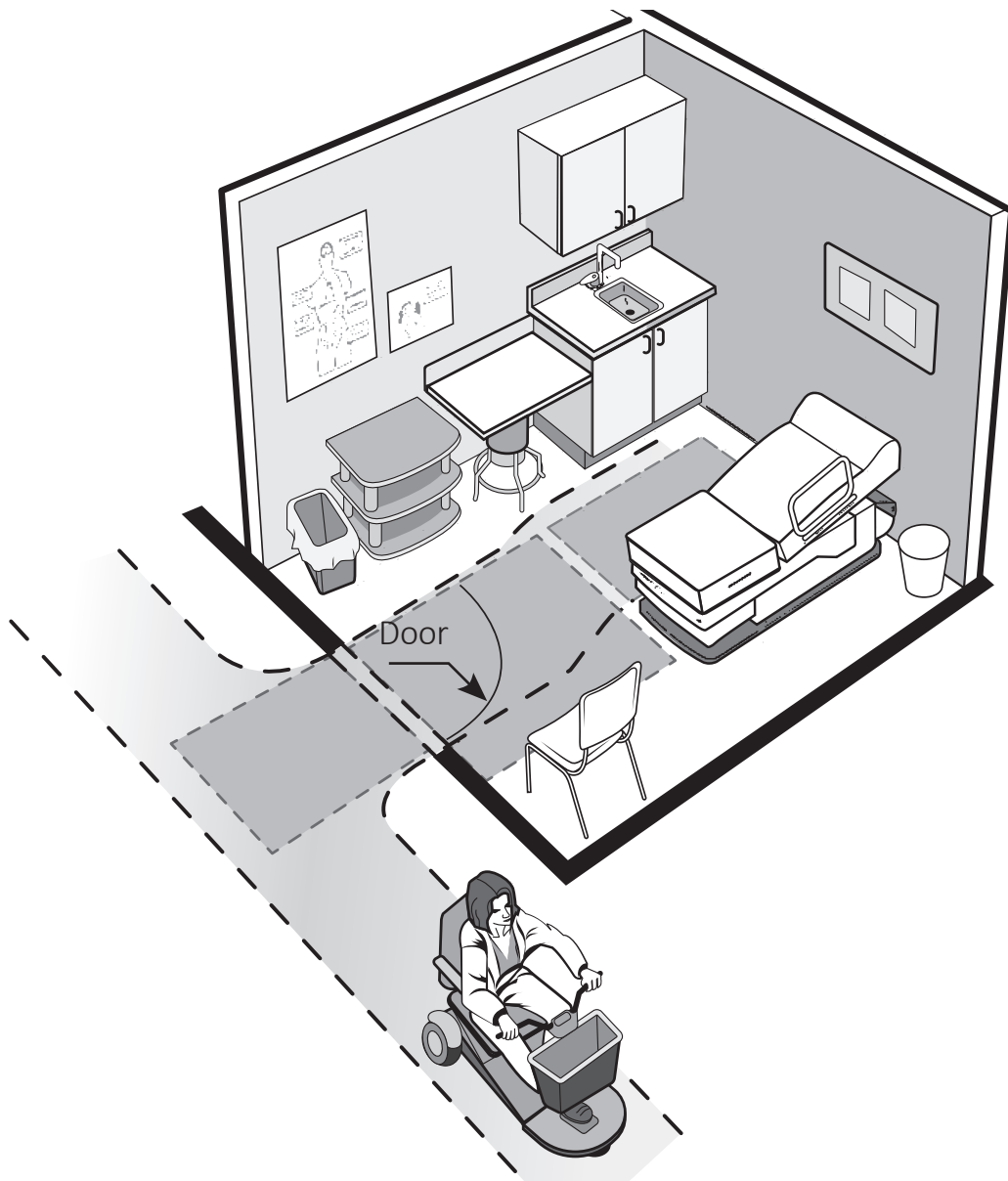


The minimum required space for 90° rotation is 130 x 140 cm.



It is imperative to leave free space on at least one side of the height-adjustable examination table/chair. However, it is best to have free access on both sides, so the patient can approach from either the right or left, depending on their functionality and required help.





NOTE:

1. Free space for manoeuvrability.
2. Examination table with adjustable height and comfortable movement.
3. Space between the couch and wall to aid movement.
4. The size of the required space at the end and on the side of the table depends on the path of movement, help required, and equipment.
5. An accessible route that connects the office with other areas.
6. The doorway must be at least 81.5 cm wide if the door opens 90 degrees.
7. Free space for free manoeuvring before entering the office

It is important to have accessible medical equipment to ensure high quality medical assistance. Physicians and other healthcare professionals should ensure that medical equipment does not create additional barriers for women and men with disabilities.

Such equipment includes gynaecological examination chairs/tables/armchairs with adjustable height; scales accessible for people in a wheelchair, scooter, walkers; x-ray equipment with adjustable height, portable floor and permanent ceiling lifts, as well as gurneys and stretchers, etc.

Universal gynaecological examination chair



Scales for weighing persons with reduced mobility



Safety and evacuation

It is important that the requirements for safety and emergency evacuation in buildings and all premises be met. All evacuation exits must meet accessibility requirements. A clear evacuation chart/layout should be located in a

visible place. It should also indicate the evacuation routes for persons with disabilities. All entrances, including for evacuations, must always be ready for evacuation, kept clear, and have easily opened doors.



Information

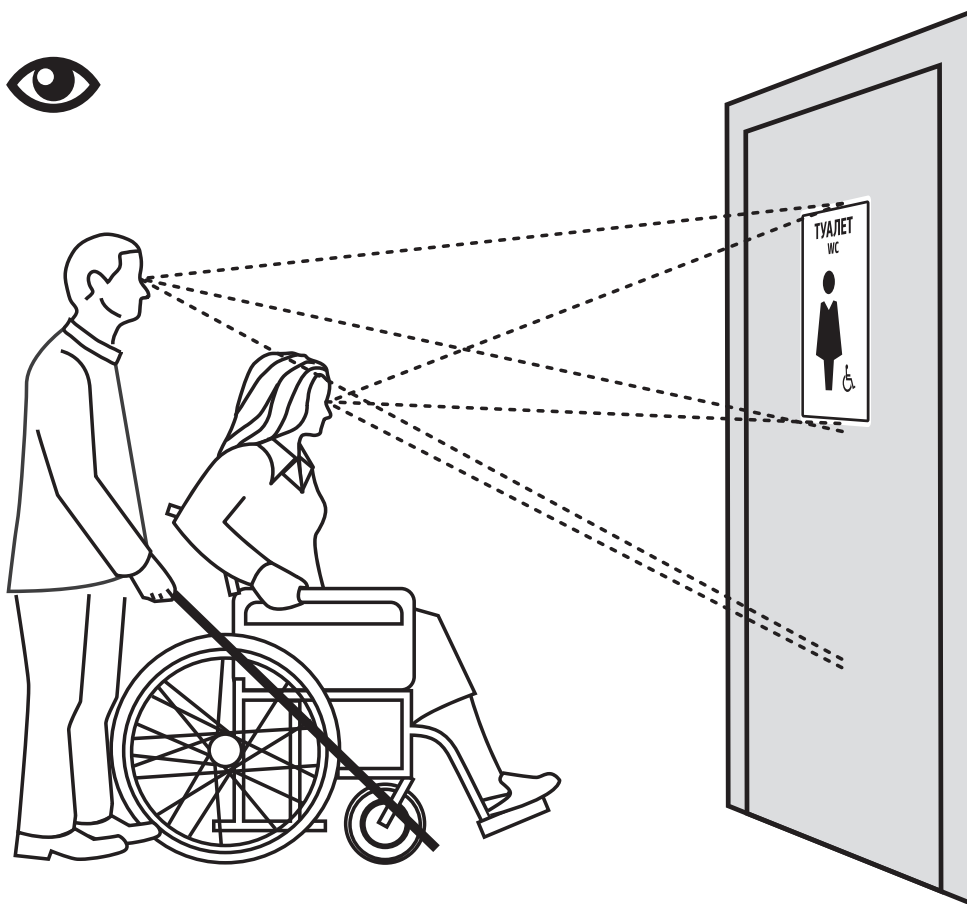
Public institutions should typically post information about what services are provided, and where the offices, restrooms, cafeteria, etc. are located in the lobby or on the ground floor.

Visual information should be located on a contrasting background with the character size corresponding to the distance of the view. It should be well lit and the fonts should be able to be well read from afar, or from the perspective of

a person in a wheelchair (but no less than size 14).

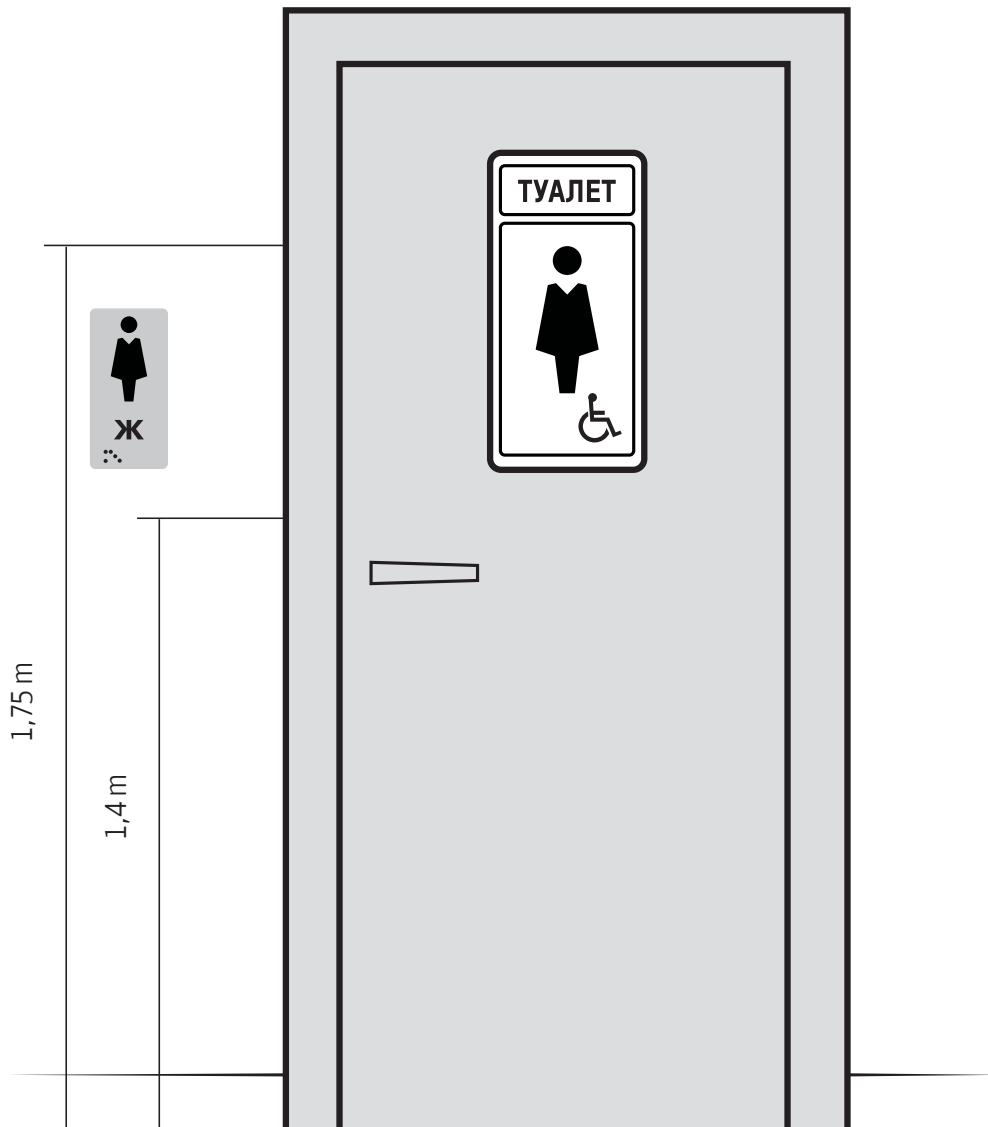
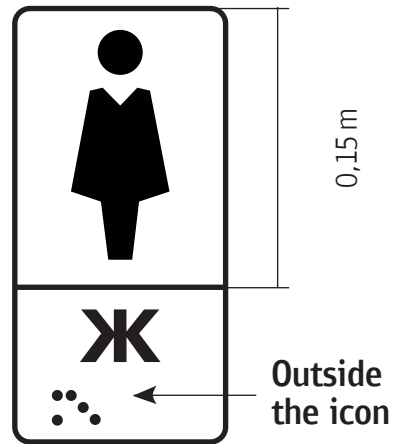
Facilities and premise designed or equipped for persons with disabilities are indicated by the International Symbol of Access, in particular including accessible restroom facilities, lifts, evacuation exits, etc.

Designations should be simple and logical.



The information signs inside the building should be duplicated with tactile signs and located next to the door handle 1.4 m - 1.75 m high from the floor.

There must also be appropriate plates present, preferably with tactile inscriptions or in Braille. Plate sizes



INTERNATIONAL SYMBOL OF ACCESS



The International Symbol of Access (ISA) indicates a facility fully accessible and safe for people with disabilities.

- The image of a person in a wheelchair in a square or framed square background.
- The image of a person in a wheelchair; the wheelchair must face to the right.
- The colour of the person in the wheelchair and that of the background should be contrasting.
- The background is typically blue, and the person in the wheelchair/frame colour is white.

The Unicode for ISA is U+267F.

The symbol is an international standard of ISO 7001 copyrighted by the International Commission on Technology and Accessibility (ICTA), a committee of Rehabilitation International. The ISA was designed by Danish design student Susanne Koefoed in 1968.

The symbol is often seen where access has been improved, particularly for wheelchair users. It is also often seen where access

has been improved for other people with physical impairment issues. Frequently, the symbol denotes the absence of environmental barriers, such as steps, to also help older people, parents with baby carriages, and people using wheeled luggage.

The wheelchair symbol is international, and therefore is not to be duplicated in Braille in other languages.

The ISA is to be used in the following situations:

- To indicate parking spaces for vehicles used by people with disabilities or those who serve people with disabilities.
- To indicate a vehicle used by a person with a disability, preferably to gain authorisation to park in a specially reserved space for people with disabilities.
- To denote public restrooms accessible for people in wheelchairs.
- To indicate the button/lever for opening automatic doors.
- To indicate a stop/station/vehicles accessible for persons with disabilities.
- To indicate the routes of public transport accessible for persons with disabilities and reduced mobility population groups (RMPG).

ANNEX 1. GLOSSARY

Accessibility²⁵ means to ensure persons with disabilities equal access to the physical environment, transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open, provided or made available to the public, both in urban and rural areas.

Disability²⁶ is an evolving concept resulting from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.

The Duty-bearer²⁷ is a specific role adopted by an individual, group or institution as a result of the existence of right-holders (individual, group or institution) who have valid claims against duty-bearers by creating correlative duties of duty-bearers. The state is often the ultimate duty-bearer.

Gender equality (equality between women and men)²⁸: refers to the equal

rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same, but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, with recognition of the diversity of different groups of women and men. Gender equality is not a women's issue, and should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and a precondition for, and indicator of, sustainable people-centered development.

Empowerment of women and girls²⁸ means awareness-raising, building self-confidence, expanding choices, and increasing access to and control over resources and actions to transform the structures and institutions which reinforce and perpetuate gender discrimination and inequality.

²⁵ United Nations, 2006 Convention on the Rights of Persons with Disabilities, Article 9. Available at: http://zakon5.rada.gov.ua/laws/show/995_g71

²⁶ United Nations, 2006 Convention on the Rights of Persons with Disabilities, Available at: http://zakon5.rada.gov.ua/laws/show/995_g71, Preamble (e)

²⁷ Major Human Rights and Human Rights-Based Approaches, United Nations, Vietnam.

²⁸ UN Women, OSAGI Gender Mainstreaming- Concepts and Definitions; Available at: <https://trainingcentre.unwomen.org/mod/glossary/view.php>

This implies that to be empowered they must not only have equal capabilities (such as education and health) and equal access to resources and opportunities (such as land and employment), but also the agency to use these rights, capabilities, resources and opportunities to make strategic choices and decisions (for example, what is provided through leadership opportunities and participation in political institutions).

Gender³⁰ – refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as relations between women and relations between men. These attributes, opportunities and relations are socially constructed and are learned through socialisation processes. They are context/time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context. In most societies, there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context. Other important criteria for socio-cultural analysis include class, race, poverty level, ethnic group and age.

Gender discrimination³¹ means any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status and on the basis of equality between men and women, of their human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.

Gender mainstreaming³² – Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's (as well as men's) concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

Multiple forms of discrimination³³ – Certain groups of women, in addition to suffering from discrimination directed against them as women, may also suffer from multiple forms of discrimination

²⁹ UNICEF, UNFPA, UNDP, UN Women. «Gender Equality, UN Coherence and You»; Office of the Special Adviser on Gender Issues and Advancement of Women (now part of UN Women) (2001)

«Important Concepts Underlying Gender Mainstreaming»; UNESCO, GENIA, toolkit for promoting gender mainstreaming in the education system; <https://trainingcentre.unwomen.org/mod/glossary/view.php>

³⁰ Ibid.

³¹ United Nations, 1979 Convention on the Elimination of All Forms of Discrimination against Women, Article 1.

Available at: <http://www.un.org/womenwatch/daw/cedaw/>

³² Source: ECOSOC Conclusions, 1997/2.

Available at: <http://www.un.org/womenwatch/osagi/pdf/ECOSOCAC1997.2.PDF>

based on additional grounds, such as race, ethnic or religious identity, disability, age, class, caste or other factors. Such discrimination may affect these groups of women primarily, or to a different degree or in different ways than men.

Rights-holder³⁴ – When a country has ratified a UN Treaty, all individuals or groups of individuals in that country whose rights are enshrined in the treaty enter into the roles of right-holders with valid claims against others with correlative duties, i.e. in the roles of duty-bearers.

Persons with disabilities³⁵ – include persons who have long-term physical, mental, intellectual or sensory impairments, which in contact with various barriers may hinder their full and effective participation in society on an equal basis with others.

Universal design³⁶ – is the design of

products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design. Universal design shall not exclude assistive devices for particular groups of persons with disabilities where needed.

Independent lifestyle³⁷ means persons with disabilities have all the necessary means to make choices, control and make all decisions regarding their own lives. Personal autonomy and free expression are key elements of an independent life that includes access to transport, information and communication facilities, personal assistance, place of residence, daily routine, habits, dignified work, personal relationships, clothing, nutrition, hygiene and medical care, religious and cultural activities, and the right to sexual and reproductive health.

³⁴ Ibid.

³⁵ United Nations, 2006 Convention on the Rights of Persons with Disabilities, Article 1.
Available at: http://zakon5.rada.gov.ua/laws/show/995_g71

³⁶ United Nations, 2006 Convention on the Rights of Persons with Disabilities, Article 2. A/RES/61/106, Annex.
Available at: http://zakon5.rada.gov.ua/laws/show/995_g71

³⁷ Committee on the Rights of Persons with Disabilities. General Comment No. 5 (2017) on independent living and inclusion in the local community

ANNEX 2. GENDER ACCESSIBILITY AUDIT QUESTIONNAIRE

Date of accessibility audit (survey):

Name of facility:

Address:

Phone:

Fax:


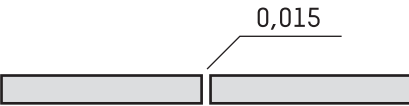
Email address:

Name and position of the head of the audited institution:

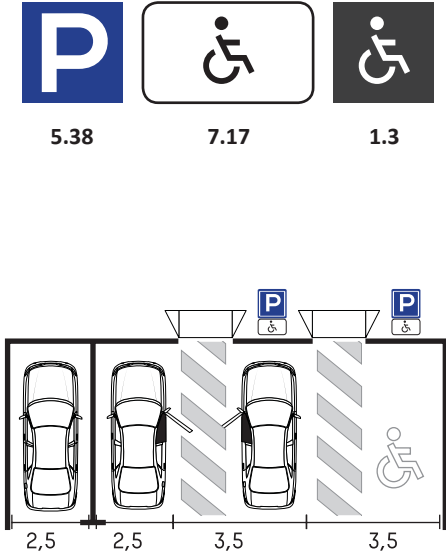
Name and position of the person responsible for completing the questionnaire
on behalf of the institution:

Name of the representative from the public who completed the questionnaire:

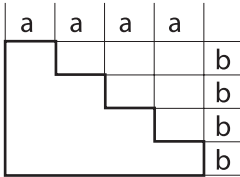
I. Adjacent area

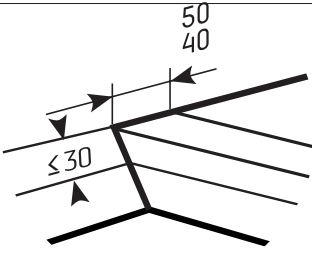
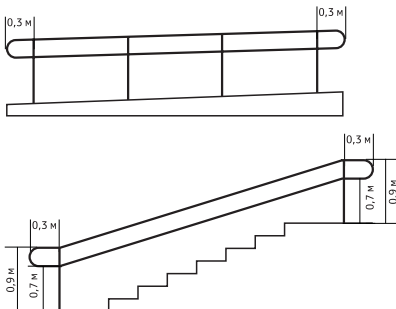
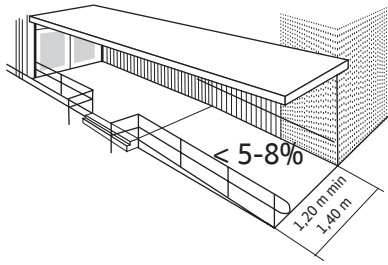
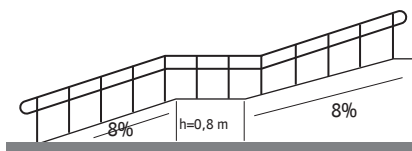
	Audited facility	Drawing – as per norms	Notes	Yes	No
1.	Is there a properly equipped public transport stop near the health facility?				
1.0	Do sidewalks and pedestrian paths from the stop to the health facility have an even surface, an absence of barriers or obstacles, potholes, etc.?				
1.1	Are there slopes (ramps) or lowering curbs to zero in all intersections of pedestrian paths/sidewalks with the roadway (according to the model)? The height of the curb at sidewalk intersections with the roadway must not exceed 0.25 m.				
1.2	The surface must be even, without potholes, cracks, etc. and the joints between the slabs should not exceed 0.015 m.				

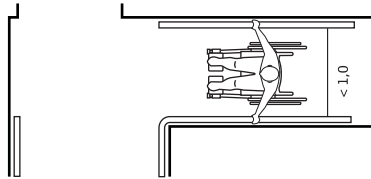

II. Parking spaces

<p>2.1</p>	<p>Are there parking lots at least 50 m away? At least 10% of the spaces should be available for persons with disabilities.</p> <p>These places should be marked with road signs: 5.38 “Parking lot” with plate 7.17 «Person with disability» and road marking 1.3 denoting a parking space for vehicles carrying persons with disabilities, or which they can drive independently. The width of the parking space must be at least 3.5 m.</p>		
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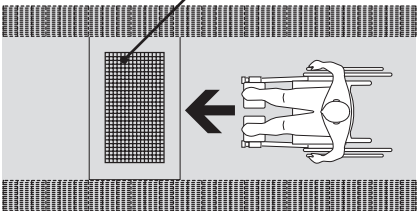
III. Building entrances

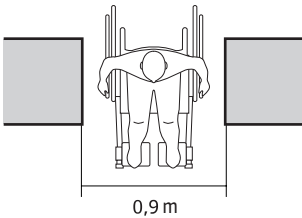
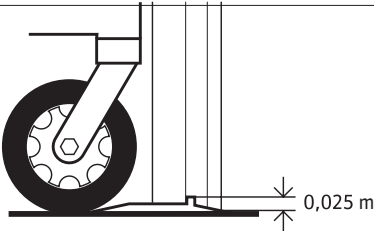
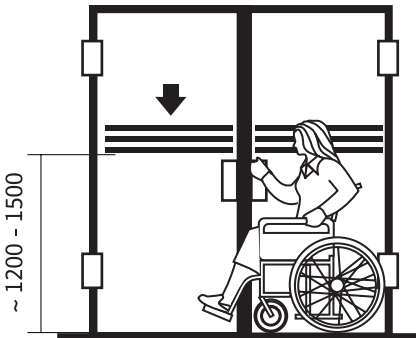
<p>3.1.</p>	<p>Is there an accessible RMPG entrance? The building must have at least one entrance accessible for groups of people with reduced mobility.</p>		
<p>2.2</p>	<p>There are ____ steps at the entrance into the building (from the outside).</p>		
<p>2.3</p>	<p>Are all stairs the same in shape and size? Size of steps:</p>		

<p>Is there a marking on the step edges?</p>				
<p>Outdoor stairs and ramps must have rails. The final parts of the handrail should be longer than the flight or the inclined part of the ramp by 0.3 m.</p>				
<p>Are the stairs supplemented with a ramp?</p>				
<p>Are DBN requirements for the ramp met?</p>				
<p>Ramp. The ramp slope is not more than 8% (1:12)</p>				

	<p>The width of the ramp must be 1.2 m, but not less than 1.0 m</p>				
	<p>Handrails are available on both sides of the ramp</p>				
	<p>A “metronome” type sound beacon is available at the entrance of the building</p>				

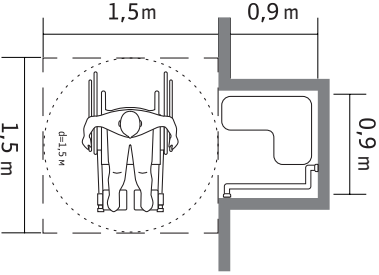
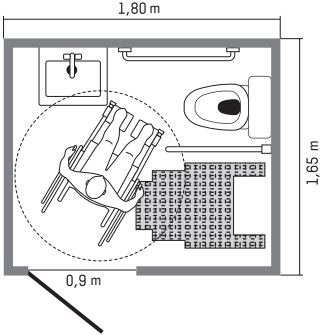
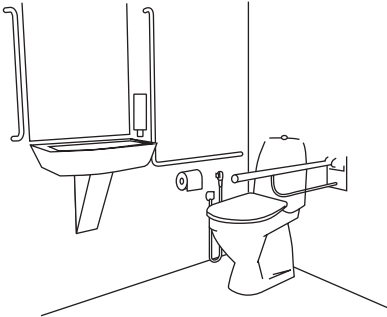
IV. Entrance group

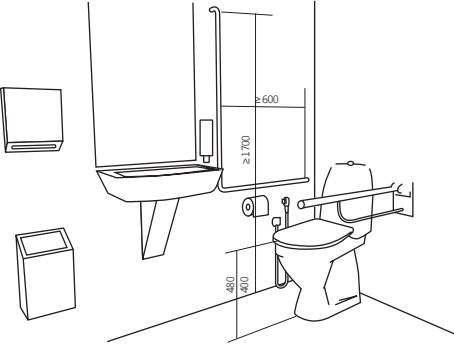
<p>3.1.</p>	<p>Is there an awning over the entrance area?</p>				
	<p>The area at entrances should have: an awning, drainage, and depending on the local climatic conditions, heating to be included in the Terms of Reference.</p>				
	<p>Are there barriers in the lobby? Drainage and drainage lattices, to be installed in the floor of the vestibules or entrance area, should be flush with the floor surface. The width of the lattice openings should not exceed 0.015 m.</p>	<p style="text-align: center;">Drainage lattices</p> <p style="text-align: center;">The width of the luminaires > 0.015 m</p> 			

<p>The width of the doorway and open parts of the wall, as well as the exits of rooms and hallways to the staircase, should be no narrower than 0.9 m.</p>				
<p>The doorways should not have thresholds and floor height drops. If thresholds are necessary, their height or drop should not exceed 0.025 m.</p>				
<p>Transparent door parts should have a bright contrasting marking of not less than 0.1 m high and at least 0.2 m wide, located at a level not lower than 1.2 m and not higher than 1.5 m from the surface of the pedestrian path.</p>				

V. Reception

<p>3.1.</p>	<p>Restroom facilities for visitors are available</p>				
	<p>The sanitary-hygienic space is accessible for RMPG</p>				
	<p>Are the restroom facilities accessible for women and men in wheelchairs?</p>				
	<p>Availability of sanitary facilities</p>				

<p>Is the sanitary-hygienic space accessible for RMPG?</p>				
<p>The universal booth in restroom facilities should have dimensions not less than: 1.65 m width, 1.8 m depth. The booth should have an empty space for a wheelchair next to the toilet.</p>				
<p>As regards the universal booth and other sanitary facilities designed for use by all public categories, including women and men with disabilities, there should be handrails, bars, and swivel or pulldown seats installed as required.</p>				

	<p>A separate unisex sanitary-hygienic room open for visitors, including women/men with young children. Required equipment: toilet, washbasin, auxiliary rails, mirror, independent water supply to the toilet (on a flexible hose), changing table. The booth should have an empty space for a wheelchair/stroller next to the toilet. An emergency call button should also be available.</p>				
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V. Lifts

3.1.	<p>The lift should be designed to be used by women and men in a wheelchair, and must have internal dimensions not less than: 1.1 m width, 1.4 m depth.</p>				
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Attention!

The questionnaire is not a permanent document. It is a working tool to support gender accessibility audits. Depending on the purpose of the audit, you might add a separate section (e.g. «medical equipment») and focus on accessibility for women with disabilities, including examination tables, mammography, scales for people in a wheelchair or walkers, x-ray equipment with adjustable height, gynaecological chairs, portable floor and permanent ceiling lifts, as well as gurneys and stretchers, etc.

When conducting a gender accessibility audit, we may also focus on the provision of certain types of services.

For example, a polyclinic with several floors, where several offices are located. After examining the adjacent area, entrance groups, etc. the auditors check if there is an elevator to other floors, where the gynaecology, x-ray, procedural offices are, etc. How can women with disabilities reach these offices (if there is no elevator)?

You may review the institution's policy on access to services for women and girls with disabilities.

For example, you may ask questions to the administration to find out:

- who is responsible for accessibility, preparation of instructions and their monitoring, training of staff
- how are decisions made to purchase accessibility equipment, and who is responsible for it
- who is responsible for maintaining the accessibility equipment and accessible inspection rooms in good condition, as well as who is responsible for their correct use (schedule of use)
- who is responsible for providing support staff (training and coordination) for persons with disabilities
- who is responsible for preparing information in alternative formats and providing a sign language interpreter, as required

ANNEX 3. QUESTIONNAIRE

Model

Gender accessibility to healthcare services, in particular, to reproductive health services for women and girls with disabilities (gynaecological and obstetric)

To review the situation and facilitate the improvement of access to family planning and reproductive health services for women with disabilities, attention should be paid to the following issues when conducting an accessibility audit of medical institutions:

1. Is there an «accessible route» to the health facility? (low-floor transport, accessible stop)

2. Is there a public taxi service in the city available for women with disabilities to get to medical institutions or to the medical examination facility?

3. Is it possible for men and women with disabilities to independently use the accessible entrance/access to offices/laboratories? If "no", who provides help/support?

4. Is there any medical equipment in the medical institution that is accessible for women with disabilities, including mammography, gynaecologic chair/bed, couches, and obstetric services?

5. If so, on what floor are these gynaecological offices located? How can women with disabilities reach these offices (if there is no elevator)?

6. Are there toilets for women with disabilities near gynaecological offices/examination rooms (on the same floor)?

7. On what floor are the «accessible» toilets located? Is there an elevator in the building?

8. Is the maternity department accessible to handle labour from women with disabilities? (room, bed, armchair, restroom) (to be checked, if there is access to the department)

9. Are day patient facilities accessible for women with disabilities?

10. Has the medical staff been trained in helping and supporting women with disabilities who are in the gynaecological/maternity wards to help them with personal hygiene?

11. Is medical support/assistance available to women with disabilities visiting medical facilities with children? If so, which staff members provide it?

12. Is there any Braille signage? If so, where exactly?

Medical staff awareness

13. Has the medical staff, including doctors and nurses, been trained to prevent discrimination against women/girls with disabilities? If so, who trained them?

14. Has any medical staff been trained in providing assistance/support to women with disabilities? (how to move a person from a wheelchair to an armchair/couch, how to move a person on a ramp/in the restroom). If so, who trained them? Where were they trained?

15. Are there any full time staff who know sign language in the medical institution?

16. Has any medical staff been trained to help and support women with disabilities who are in the gynaecological/maternity wards with personal hygiene?

Access to information

17. Is the information available on the website of the health institution accessible to blind women and men?

18. Is the information on the website of the institution available in a «simplified language»? (for people with intellectual disabilities)

19. Is there information available to women and men with visual impairment in an accessible format in the medical institution (Braille)?

General issues (interviewing institution administration/staff)

20. What, in your opinion, is necessary to improve the quality of reproductive health services for women and men with disabilities?

21. Do you have an interest in obtaining more information on the provision of reproductive health services to women and men with disabilities? If so, what exactly? (training- on what issues, literature- on what issues ..., etc.)

Model

For the audit team

When conducting an audit of the architectural accessibility of a pre-school facility, you should focus on the following questions:

1. Is information about the institution and its activities accessible to parents with disabilities?

(enlarged font, accessible website, audio information, Braille)

2. How many boys and girls are currently attending the institution?

3. Do children with disabilities attend the institution? How many are boys and how many are girls, and with what disability?

4. Do children who have parents with disabilities attend the facility?

5. Does the facility building physically allow parents in wheelchairs to attend parent meetings and event in which their child is involved?

6. Has the staff been trained on inclusive education? If so, who provided the training?

7. Has the administration of the institution been trained on an accessible environment for the institution? If so, who provided training?

Does the pre-school institution receive regular policy support and advice on inclusive education? If so, who provides it?

9. Is there an institution accessibility plan? (schedule, economic feasibility)

10. Is a low-floor urban transport route to the pre-school institution available?

11. What assistance does the institution staff need in terms of inclusive education? (knowledge of legislation, techniques of working with children (which children), teaching materials, etc.)

Model

When conducting an audit of the architectural accessibility of a social protection institution, you should focus on the following issues:

1. Is the information provided by the institution accessible for persons with disabilities (enlarged font, Braille, website, printed materials, bulletin board, audio information)

2. Is there a full-time sign language interpreter available on the payroll? If not, is there an alternative form of communication with non-hearing visitors (Skype)?

3. Please list what services provided in the institution are not available to women and men with disabilities. What is the reason these services are unavailable? (there is no possible access to the office, there is no information on the appropriate format, etc.)

4. Has the institution staff been trained to provide support and assistance to women and men with disabilities who visit the institution? (communication, support, etc.) If so, who provided the training (trainings/seminar topics)

5. If women and men with disabilities have severe functional disorders, are they provided with services at their place of residence? If so, what exactly (list)

6. Does the institution have accessible transport for women and men with physical disabilities? If so, how can one access such services (application of the user or guardian, medical certificate, etc.)

This question can be asked to the administration of the institution (optional)

7. Are there statistics on how many people with disabilities have sought help/advice? How many women and how many men?

ANNEX 4. GENDER ACCESSIBILITY AUDIT CHECKLIST

- public transport stop available

- parking places for bicycles and cars near the main entrance available

- accessible path to the entrance/exit

- appropriate external lighting available

- external infrastructure (benches, trashcans, etc.) available

- accessible information at the entrance

- accessible exit points

- simple and logical charts (evacuation plan, floor plan, etc.)

- free access to information stands and lifts

- accessible restrooms

-
- changing tables available
-
- intuitive, obvious and accessible evacuation routes (icons)
-
- spacious and accessible elevators
-
- safe/easy to use stairs that help safely evacuate/conduct rescue operations in emergencies
-
- non-slip surface (floor, stairs)
-
- wide doorways and user friendly doors; enough space around the door to be opened and closed while sitting in a wheelchair
-
- sufficient manoeuvring space for persons with physical disabilities around offices
-
- appropriate height, location and operation of systems and switches
-
- indoor lighting in accordance with regulations
-
- good visual contrast between the walls, floors, doors and signage
-
- clear signs and icons
-
- transmission of important information in various formats (tactile, audio and visual)
-
- good acoustics
-
- management and maintenance

ANNEX 5.

USEFUL INFORMATION

ABOUT STATE BUILDING NORMS³⁸

Urban development building regulations include:

- DBN B.2.2-12:2018 Layout and Development of Territories that replaced DBN 360-92. These norms apply to the layout and development of settlements and intercity areas at the state, regional and local levels.
- DBN B.2.3-5-2018 Streets and Roads of Settlements that replaced DBN V.2.3-5-2001; in force since 1 October 2001.

These norms identify requirements for RMPG housing and workplaces, requirements for the design parameters of urban streets and roads (wheel chair paths, width of pedestrian paths, etc.), and for disabled parking space marking.

DBN V.2.3-5-2001 includes requirements for pedestrian paths and sidewalks, as well as pedestrian crossings to be used by RMPG.

DBN V.2.2-9-2009 Buildings and Structures. Main Provisions of Public

Buildings and Facilities envisages requirements for hubs and utilities, special lifts, and the safe operation of buildings and evacuation routes. In addition, these DBNs have a dedicated Section 12 Accessibility Requirements for Reduced Mobility Visitors, which sets requirements for the parameters of zones, spaces and other elements of buildings and structures.

DBN V.2.2-10-2001 Buildings and Facilities. Healthcare Institutions also includes requirements for RMPG accessibility.

DBN V.2.2-13-2003 Buildings and Facilities. Sports and Recreation Facilities includes accessibility requirements for open-air sports facilities, grand stand in the open and indoor sports facilities. Appendix G sets out the necessary parameters of zones, spaces and other elements of buildings, structures and premises to be accessible for RMPG.

DBN V.2.2-15-2005 Buildings and Facilities. Residential Buildings. Main Provisions contain requirements for the architectural and layout design

³⁸ At the time of issuance of the Practical Guide, the DBN may have been revised

of residential buildings in terms of an accessible environment. Requirements for specialised RMPG housing and lifts. DBN V.2.2-16-2006 Buildings and Structures. Cultural, Entertainment and Leisure Establishments contain requirements for disabled parking, and the spatial design of buildings and premises of cinemas, clubs, leisure centres and theatres, taking into account the needs of persons with disabilities.

DBN V.2.2-18 2007 Buildings and Structures. Social Protection Institutions contains requirements for the buildings and structures of specialised institutions: residential care homes for the elderly and persons with disabilities, geriatric homes, and residential care homes for veterans of war and labour

DBN V.2.2-23 2009 Buildings and Structures. Trade Enterprises contain requirements for special lifts and lifts for persons with disabilities. Appendix B lists the RMPG accessibility requirements.

DBN V.2.2-24 2009 Buildings and Structures. Designing High-Rise Residential and Public Buildings includes requirements for the site layout, taking into account accessibility for the disabled and the installation of special lifts for RMPG. Requirements for a spatial design and floor layout accessible for RMPG DBN V.2.2-25 2009 Buildings and Structures. Catering Enterprises (Restaurant Businesses)

includes requirements for the layout and spatial design of restaurants. Appendix B identifies the accessibility requirements for persons with disabilities and other reduced mobile groups.

DBN V.2.2-26:2010 Buildings and Structures. Courts contain requirements for the development of land and volumetric planning decisions of court buildings and their separate elements, court premises and accessibility requirements for persons with disabilities.

DBN V.2.2-28 2010 Buildings and Structures. Administrative and Residential Buildings identifies requirements for the following: enterprises (workshops and other venues) where it is envisaged to employ workers with disabilities, open car parks and covered garages (including for the workers of associated buildings and complexes), entrance hubs of administrative and residential buildings where it is envisaged to employ workers with disabilities, spatial design for administrative and residential buildings for workers with disabilities, and for lifts and lifting platforms.

DBN V.2.3-7-2010 Transport Facilities. Underground Metro contains requirements for the throughput and transportation capacity of shallow base stations, the layout design of underground lobbies and separate lobbies with lifts from the floor level

of the passenger platform of the stations to the ground lobby level, the installation of strips at the edges of the landing platform and on the floor at stations and in the lobbies, the usage of light indicators or symbols, and the arrangement of underground passageways with metro station entrances/exits.

VBN B.2.2-TZN-2004 Buildings and Structures. Basic Level Employment Centres provide requirements for the spatial and structural design of employment centres taking into account RMPG accessibility.

DBN V.2.2-3-97, Rev. 3 Buildings and Structures of Educational Institutions came into force in 2012, aligning it with the Ordinance of the Cabinet of Ministers of Ukraine No. 1482-r On Approval of the Action Plan on Inclusive and Integrated Training at General Educational Institutions until 2012, dated 3 December 2009, and with Resolution of the Cabinet of Ministers of Ukraine No. 872 Procedure for the Organisation of Inclusive Education in General Educational Institutions dated

15 August 2011. DBN V.2.2-3-97, Rev. 3 sets out provisions for the inclusive education of children with special educational needs at secondary schools (children with physical and mental disabilities, including disabled children). The DBN includes a special appendix, which establishes the general provisions for the design of general schools to accommodate inclusive education, and requirements for the spatial design of buildings, including requirements for the layout and space of rooms and usage of special devices.

DSTU-N B V.2.2-31:2011 Buildings and Structures. Guidelines for Equipping Civilian Buildings and Structures with Accessibility Infrastructure for Persons with Visual and Hearing Impairments provides guidance on designing and remodelling residential and public buildings and structures to ensure accessibility for persons with visual impairment, as well as requirements for information and utilities equipment to ensure accessibility for persons with hearing impairment in rooms (areas).

