



MARKETING

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MARKETING RESEARCH ON THE ACCESSIBILITY OF SERVICES FOR PEOPLE WITH DISABILITIES IN TERRITORIAL COMMUNITIES OF UKRAINE

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Summary. *The results of research conducted by the authors in 2022–2023 are presented. The study of scientific works revealed a lack of information regarding the accessibility of social, medical, educational, and administrative services for people with disabilities at the level of territorial communities. Due to the war initiated by the Russian Federation in Ukraine, many Ukrainians (both civilians and military personnel) have become people with disabilities, and therefore they should have unimpeded access to all services.*

The aim of the article was to identify the current state of accessibility to educational, medical, administrative, and social institutions in territorial communities for people with disabilities and to develop recommendations based on this research. The following methods were used during the study: observation, survey, analysis of secondary information, comparative analysis, grouping, statistical method, synthesis, and generalization.

The following findings were revealed – The level of accessibility of services for individuals with disabilities varies depending on the type of institution (school, clinic/hospital/medical center, or social service center), as well as the location of the institution (city or village) and the age of the building (newer buildings have more accessibility features). Community and Social Service Centers are the most accessible in cities, while institutions in villages/settlements are the least accessible. There are ramps or level surfaces in front of the entrances of all rural/settlement/city councils. Most councils are located in 2-story buildings without elevators, and there are no signs in Braille in the institutions. None of the official council websites have a version for visually impaired individuals. Hospitals/clinics/medical centers in all territorial communities are equipped with ramps, and two of them have elevators.

Equal access to timely and quality medical assistance is provided to all individuals with disabilities in all communities. Most communities monitor the provision of medical services to persons with disabilities and collect information on any identified violations in this area.

The need to improve the accessibility of services for individuals with disabilities at the regional level, particularly for mobility-impaired groups of the population, has been established. It is also necessary to activate participation in international and regional programs to provide transportation for mobility-impaired groups of the population in territorial communities, as well as to conduct information campaigns for the general population and training for specialists in territorial community institutions.

Key words: *marketing research, inclusion, marketing analysis, non-profit marketing.*

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МАРКЕТИНГОВЕ ДОСЛІДЖЕННЯ ДОСТУПНОСТІ ПОСЛУГ ДЛЯ ЛЮДЕЙ З ОБМЕЖЕНИМИ МОЖЛИВОСТЯМИ У ТЕРИТОРІАЛЬНИХ ГРОМАДАХ УКРАЇНИ

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Резюме. Представлено результати дослідження, котре провели автори у 2022–2023 роках. Вивчення праць науковців виявив брак інформації щодо доступності соціальних, медичних, освітніх, адміністративних послуг для людей з особливими потребами на рівні територіальних громад. Внаслідок війни з боку російської федерації в Україні багато українців (цивільних та військових) стали людьми з особливими потребами, тому вони повинні мати безперешкодний доступ до усіх послуг.

Метою статті було виявлення сучасного стану забезпеченості доступності до освітніх, медичних, адміністративних та соціальних установ територіальних громад для людей з особливими потребами та вироблення рекомендацій на основі такого дослідження. Використано такі методи: спостереження, опитування; аналіз вторинної інформації; спостереження; метод компаративного аналізу; групування; статистичний метод; синтез; узагальнення.

Виявлено наступне:

1. Рівень доступності послуг для осіб з обмеженими можливостями різниться залежно від типу закладу/установи (школа, амбулаторія/лікарня/поліклініка чи ЦНСП), також від розташування закладу/установи (місто чи село), часу побудови будівлі (нові будівлі мають більше елементів доступності). Найбільш доступними є ЦНСП у містах, найменш доступними – установи/заклади у селах/селищах.

2. Перед входами всіх сільських/селищних/міських рад є пандус чи рівна поверхня. Більшість рад розташовані в 2-поверхових будівлях без ліфтів, відсутні таблички/вказівники установ ирифтом Брайля. Лише в одній раді перед входом є кнопка виклику для людей з обмеженими можливостями. Жоден з офіційних сайтів рад не має версії для людей з порушенням зору. Лікарні/амбулаторії/поліклініки всіх ТГ обладнані пандусами, два мають ліфти.

3. В усіх громадах забезпечується рівний доступ усіх осіб з інвалідністю до своєчасної та якісної медичної допомоги. В більшості громад здійснюється моніторинг надання медичних послуг жінкам/дівчатам з інвалідністю та збирання інформації про виявлені порушення у цій сфері.

Встановлено потребу покращити доступність послуг для осіб з особливими потребами на рівні регіону, а саме, для маломобільних груп населення; активізувати участь у міжнародних та регіональних програмах забезпечення територіальних громад транспортом для маломобільних груп населення; проведення інформаційних кампаній для населення та навчання спеціалістів установ територіальних громад.

Ключові слова: маркетингові дослідження, інклюзія, маркетинговий аналіз, некомерційний маркетинг.

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Introduction. The full-scale invasion of Ukraine by Russia on February 24, 2022, resulted in significant economic and social challenges that have profoundly impacted all processes within society and the economy. Following the onset of Russian military aggression, millions of Ukrainians were forced to become migrants and had to leave their homes, relocating to safer countries and regions. Many civilians and soldiers suffered injuries and acquired the status of persons with disabilities. This has highlighted the issue of accessibility for individuals with disabilities to social, administrative, educational, healthcare, and other services at the local level. Furthermore, particular attention needs to be given to issues of equality in the context of implementing the UN Convention on the Rights of Persons with Disabilities (CRPD) in Ukraine, as well as other international initiatives aimed at addressing the specific needs of

persons with disabilities. Investigating the current needs of persons with disabilities in Ukraine, with a focus on the Ternopil region, has become the objective of a marketing research study.

Review of the latest research and literature. Despite the significant contribution of scientists and practitioners, the level of development of the mentioned scientific discourses varies. The issue of social security for internally displaced persons at all levels of government has received the most attention, while the issue of the current needs of persons with disabilities at the regional level has been insufficiently studied.

The authors of an article [1] touch on the major topic of ensuring access of persons with disabilities to facilities and services, which is an indicator of guaranteeing the rights and freedoms of such citizens and ultimately determines the quality of life of such people. The article analyzes the current Ukrainian legislation, as well as international legal acts governing relations regarding the access of persons with disabilities to the general infrastructure. The authors concluded that the current domestic legislation, although ensuring the minimum level of rights of persons with disabilities in the study area needs to be improved taking into account the positive experience of European countries and following the United Nations Convention on the Rights of Persons with Disabilities.

In a scientific study [2], the authors emphasized the need to facilitate services for persons with disabilities, the government needs to maximize the accessibility of existing public services. According to the research results obtained in the field, it is known that the accessibility possessed by the Makassar City Social Service does not reflect the existence of safety, comfort, convenience, and aesthetics in providing services to persons with disabilities. The physical facilities used in providing services to persons with disabilities are equated with the facilities used by ordinary people who do not have deficiencies.

In a scientific work [3], the authors investigated the availability of transport policies and guidelines in 29 different African countries, focusing on the inclusion of persons with disabilities. The study reveals that people with disability live less integrated, more isolated lives due to the lack of acknowledgment in the transport policy framework and accommodation in infrastructure and services. The results underpin the need for disability-inclusive planning in the African context and provide recommendations for actions that mitigate the isolation challenges faced by people with disabilities. Municipalities play a crucial role in improving the quality of life for people with disabilities.

A scientific study [4] highlighted questions concerning the accessibility of fitness and recreational facilities that were identified as being «accessible» for persons with mobility disabilities in Lithuania. The analysis of possibilities to attend the organizations providing recreation and sports services showed that, although the policy and legislation have helped to remove some of the barriers of the environment, sports, and recreation facilities are still difficult to access for the disabled. The most important areas that define accessibility of companies providing sports and recreation services are adaptation of the physical environment, training facilities, and appropriate competence of the staff. It was found that commercial enterprises providing sports and health services were not accessible to people with disabilities.

In a scientific work [5], data were collected through a personal interview. The respondents noted that Women with Disabilities faced multifaceted challenges to avail fundamental civil rights and essential services such as education, healthcare, treatment, employment, communications, banking services, and so on from Government and Non-Government Organizations more than Male with Disabilities due to existing inaccessibility in public transports and institutions. Key Informants focused on robust monitoring and mechanism systems, implementing and actualizing existing legislation and policies, including adopting time-required and useful initiatives. Existing legislation, policies, and orders for accessible public institutions and transport should be adequately implemented. The monitoring mechanism system should be strong enough to enforce these legislations, policies, and orders.

A scientific study [6] examines the availability and accessibility of rehabilitation services in a rural district of South Africa in order to explore why unmet needs for rehabilitation services persist. The findings of the research demonstrate that rehabilitation service capacity in the district was constrained as a result of low availability of assistive devices and consumables, as well as, possibly, a shortage of rehabilitation providers with an unequal distribution across health facilities. In addition, people with physical disabilities reported poor referral pathways, financial constraints, transport and road considerations, and equipment unavailability as barriers to accessing rehabilitation services.

A scientific study [7] highlighted questions concerning access to Justice for people with disabilities in the Indonesian state. Persons with disabilities must receive the support needed in the structure of education, health, employment, and social services so that the rights of persons with disabilities are in the perspective of human rights.

A scientific study [8] highlighted questions concerning access barriers to medical facilities for people with physical disabilities in Peru. In Peru, despite laws requiring that buildings be accessible for PWD, no report confirms that medical facilities comply with such regulations. Accessibility was defined by reported struggles accessing medical facilities (health or rehabilitation centers). The absence of ramps, handrails, elevators, adapted bathrooms, and information counters in medical facilities were reported as architectural barriers. The transportation barriers analyzed included struggles using buses or trains.

In a scientific work [9], the authors investigated the physical accessibility for disabled people and analyzed of toilet facilities in primary health care units. The study verified that the toilets of basic health units located in urban areas had better accessibility conditions compared to those in rural areas. Results showed that the analyzed units presented physical inaccessibility in some toilet facilities, making it difficult or even impossible the accessibility for the disabled. The inclusion of accessibility features in health services for this clientele provides equal opportunities and social inclusion.

A scientific study [10] highlighted questions concerning the accessibility of people with disabilities to public facilities in Yogyakarta. The facilities examined here are such as sidewalks, public transportation in the form of Trans Jogja buses, and also education in the city of Yogyakarta. In addition, several concepts related to accessibility and public facilities for people with disabilities also use the right approach. Through a qualitative descriptive analysis of accessibility and public facilities for persons with disabilities that are already expected to be able to facilitate and are expected to be designed according to needs. Therefore, these interests must pay attention to and consider designs that can be accessed by persons with disabilities.

Main purpose of the article is to identify the current state of accessibility of services for individuals with special needs at the level of territorial communities. In order to monitor the accessibility of services for people with disabilities, the following research methods were employed:

- Written survey. A request for access to public information was sent to the administrators of administrative, transportation, social, medical, and educational services, and institutions in the territorial communities of Ukraine regarding the availability of technical facilities for individuals with disabilities to receive services (ramps, elevators, doorbells, toilets, etc.).
- Survey of individuals with disabilities. A Google Form questionnaire was used to assess the convenience of accessing services in the territorial communities.
- Observation method with photographic documentation. Personal visits were made to premises within the territorial communities to determine the accessibility status of the institution in providing services to people with disabilities. Photographs were taken as evidence.

Personal interviews with employees of administrative, transportation, social, educational, and medical services and institutions in the territorial communities, were conducted using a questionnaire. The study included 30 employees from various establishments.

Task setting. The following scientific tasks have been set out to achieve the target goal: to survey individuals with disabilities about their needs and their assessment of service accessibility at the regional level; to survey employees of territorial communities providing services to individuals with special needs about the problems they encounter; to survey institutions and organizations of territorial communities in order to identify the state of infrastructure adaptation for people with special needs, information provision, and consideration of the interests of individuals with special needs in the formation of local policies.

Statements of main issues of the study. In order to obtain sufficient information characterizing the availability of services for people with disabilities in the territorial communities of the Ternopil region, information requests were sent to the executive authorities in accordance with the Law of Ukraine's «On Access to Public Information». Responses were received from five rural/urban councils.

The self-assessment results of the representatives of the territorial community authorities regarding the accessibility of services for people with disabilities revealed the following:

The level of accessibility of services for people with disabilities varies depending on the type of institution (school, clinic/hospital/health center, or social service center), as well as the location of the institution (city or village), and the construction time of the building (newer buildings have more accessibility features). The most accessible are the social service centers in cities, while the least accessible are the institutions/facilities in villages/settlements. An exception is the Tribukhivska territorial community, where the majority of institutions/facilities are newly built and characterized by a high level of accessibility for people with disabilities.

The heads of rural/urban territorial communities stated that there are ramps or level surfaces in front of the entrances to all councils. Most councils are located in two-story buildings without elevators, and there are no Braille signs/indicators of institutions. Only one council has a call button for people with disabilities at the entrance. Only one territorial community has a toilet on the first floor for people with disabilities, equipped with a changing table, handrails, spaciousness, wide doors, and a sign indicating accessibility on the toilet door (pictogram and Braille). In most council territorial communities, there is information about the direction to the storeroom, as well as signs/indicators in an easy-to-understand format. In most territorial communities, a list of council services can be found on the website, although during the study, the official website of one territorial community council was not functioning. None of the official council websites have a version for visually impaired individuals.

Hospitals/clinics/medical centers in all territorial communities (TCs) are equipped with ramps, and two of them have elevators. Three out of the five communities indicated the presence of a doorbell at the entrance (not confirmed during personal monitoring with photo documentation). The availability of toilets for people with disabilities was mentioned by three TCs (this information could not be confirmed during a personal visit to one of them). In three medical centers of the TCs, there is a gatekeeper/security guard who can assist people with disabilities. One medical center has a Braille sign at the entrance. All medical centers in the TCs have information about the directions to the storeroom, as well as signs/indicators in an easy-to-understand format. Three out of five medical centers in the TCs have a list of services available on their websites, while one medical center has a version of the website for visually impaired individuals.

All TCs stated that schools are equipped with ramps, but they do not have elevators. Most TCs have a doorbell at the entrance (not confirmed during personal monitoring with photo documentation). The availability of toilets for people with disabilities was mentioned by two TCs, although during monitoring, it was discovered that there is a toilet for people with disabilities in Zbarazka TC, even though it was not mentioned in the response to the inquiry. In most schools in the TCs, there is a gatekeeper/security guard who can assist people with

disabilities, although during monitoring, it was observed that Zbarazka TC had school staff/guards at the entrance. There are no Braille signs at the entrances of schools. All schools in the TCs have information about the directions to the storeroom, as well as signs/indicators in an easy-to-understand format. One school has a version of the school's website for people with visual impairments.

Most TCs mentioned that social service centers for people with disabilities are equipped with ramps, but they do not have elevators, and all of them have more than one floor. Two out of the five communities indicated the presence of a doorbell at the entrance (not confirmed during personal monitoring with photo documentation). The availability of toilets for people with disabilities was mentioned by two TCs. One social service center has a gatekeeper/security guard who can assist people with disabilities. There are no Braille signs at the entrances of social service centers. Two out of the five TCs mentioned that there is information about the direction to the storeroom, as well as signs/indicators in an easy-to-understand format. The list of services provided by the institution is available on the websites of two social service centers. There is no version of the social service center's website for people with visual impairments.

Two urban TCs have a transportation service for people with disabilities, and they participated in a program to acquire specially equipped vehicles for people with disabilities.

In two TCs, educational and explanatory work was conducted within the community among people with disabilities regarding direct and indirect discrimination, mechanisms for reporting cases of discrimination through counseling, and information sharing. These activities involved discussions on the mentioned issues, as well as awareness lessons in schools.

Among the social protection services for people with disabilities, community institutions provide calculation of compensatory and state assistance, establishment of guardianship (care) (three TCs), access to benefits, relevant social services, and establishment of third-party care (all TCs), sanatorium-resort treatment and provision of rehabilitation measures (one TC), provision of technical and other rehabilitation aids and transportation (two TCs).

In none of the TCs did community workers participate in the development and implementation of training on preventing discrimination against people with disabilities. In most TCs, there is a lack of cooperation between the community and national institutions, local government bodies, non-governmental organizations, and international partners to carry out joint informational and awareness initiatives aimed at ensuring equality and preventing discrimination against people with disabilities.

In most TCs, the needs of people with disabilities for their integration into local development programs, plans, and budgets are analyzed within the community. Educational work was carried out in kindergartens, schools, and other educational institutions in all territorial communities to prevent and counter harmful gender stereotypes and customs towards people with disabilities, as well as to promote tolerance. In most TCs, awareness campaigns were conducted to increase the knowledge of politicians, professionals, and the general public regarding the rights of people with disabilities.

Seminars and training sessions were not conducted in most communities for various target groups to address issues of disability, accessibility, and universal design of polling stations. In all communities, information is collected on the number of people with disabilities residing in the community, the participation of girls and boys with disabilities in inclusive education, accessibility checks of educational institutions, and the availability of reasonable accommodations. Community involvement of teachers/instructors (both men and women) with disabilities in educational institutions in the public education sector is encouraged, as well as the promotion of accessibility of educational materials and the educational process for people with disabilities.

Measures are taken within the community to ensure equal participation of people with disabilities in the development of state and local policies that promote the right to education for people with disabilities. These measures include providing legal assistance to girls and boys with

disabilities and their parents to protect their right to education and prevent their exclusion from the education system based on their disabilities (three TCs), developing and implementing awareness campaigns and initiatives to promote the importance of lifelong learning for people with disabilities on an equal basis with men and boys (three TCs), and conducting public monitoring of the implementation of inclusive education at all levels of the education system (two TCs).

None of the surveyed communities reported cases of refusal to provide reasonable accommodations at work for individuals with disabilities.

Support for entrepreneurship among people with disabilities is provided in most communities through organizing training sessions, support in childcare, and providing accessible premises. In one community, individuals with disabilities are involved in computer literacy programs.

In all communities, equal access to timely and quality medical care is ensured for all individuals with disabilities. This is implemented through providing access to medication (four TCs), access to rehabilitation services (three TCs), providing information and services related to sexual and reproductive health, and providing information and services related to family planning for individuals with disabilities (two TCs). The medical staff in general practice-family medicine clinics in all communities are adequately trained to provide services to individuals with disabilities. Monitoring of the provision of medical services to individuals with disabilities and gathering information on identified violations in this area is conducted in the majority of communities.

In view of the above, we highlight the following methodical stages of preparation of data, which are shown in Figure 1, for the audit of the accessibility of public buildings and structures.

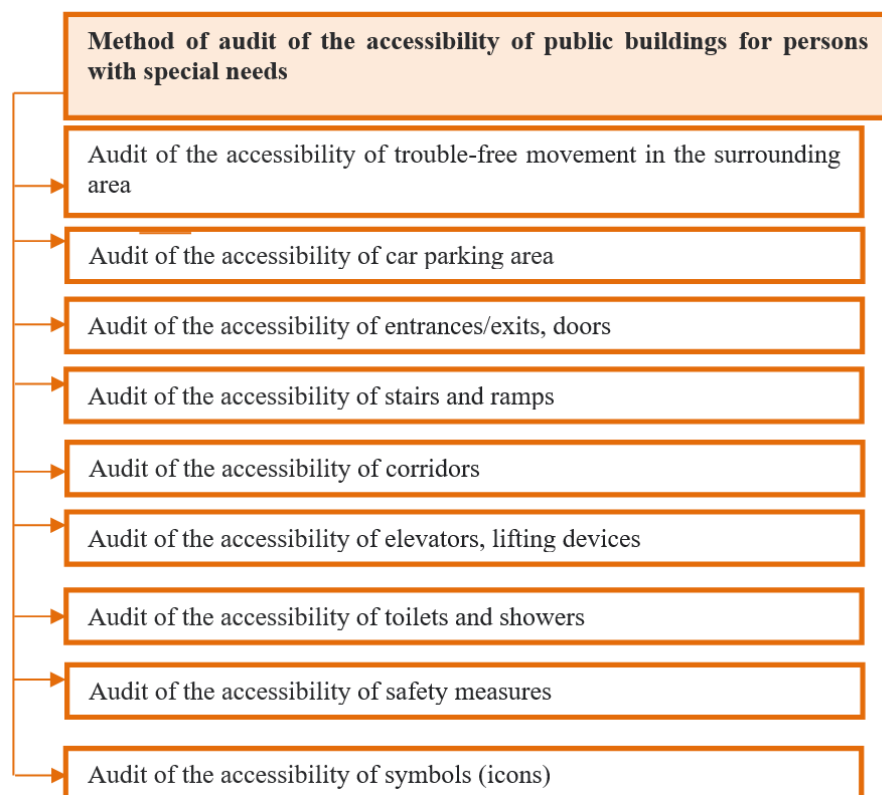


Figure 1. Stages of the method of audit of the accessibility of public buildings for individuals with special needs

In order to investigate the level of accessibility for individuals with disabilities to access services in the mentioned territorial communities, a survey was conducted using Google Forms (questionnaire), which included both open-ended and closed-ended questions. The link to the

questionnaire was distributed among respondents in the territorial communities of the Ternopil region and was also published on notice boards on the premises of service-providing institutions (announcements with QR codes placed in accessible locations for people with disabilities). Visitors to these institutions were also interviewed to document cases where individuals with disabilities were unable to receive services. The questionnaire consisted of 17 questions that covered various aspects of the respondents' needs: a general demographic block of questions, questions regarding the accessibility of social services and medical services, questions regarding the informational support of the service delivery process, questions regarding issues encountered during the service acquisition, and suggestions for improving service accessibility. A total of 58 completed questionnaires were collected. During the research in the territorial communities of the Ternopil region, the following findings regarding the accessibility of services for individuals with disabilities were identified:

The most common reason for survey participants to approach community institutions/organizations within the last 3 years was for the issuance/renewal of pensions, including disability pensions, state social assistance to low-income families, and assistance from international funds.

Employees of the management/department during the reception process were the dominant source of information regarding the list of required documents for obtaining necessary social benefits. The majority of respondents could not recall the presence of information posted inside the institution. Among those who did recall, they stated that the information provided was completely understandable to them. The organization of reception by employees of the city/town council was personally convenient for the overwhelming majority of respondents. Among the problems encountered by respondents during their last visit to the Center for Administrative Services (CAS) for the purpose of obtaining social benefits, most respondents mentioned difficulties in accessing the restroom within the facility, waiting queues, and difficulties in navigating the corridors. One in ten respondents experienced cases of service refusal at the Center for Administrative Services, justified by the fact that the particular CAS does not provide the required service to the visitor. Half of the respondents believe that equal access to timely and quality medical care is ensured for all individuals with disabilities in their community. None of the respondents participated in events for people with disabilities that were conducted in their community and were unaware of such events. The majority of respondents indicated that providing accessible transportation for people with disabilities and expanding the range of services for people with disabilities are the main areas for improving accessibility to services for individuals with disabilities.

We highlight the following results, which are shown in Figure 2, for the levels of accessibility of services in territorial communities for persons with disabilities.

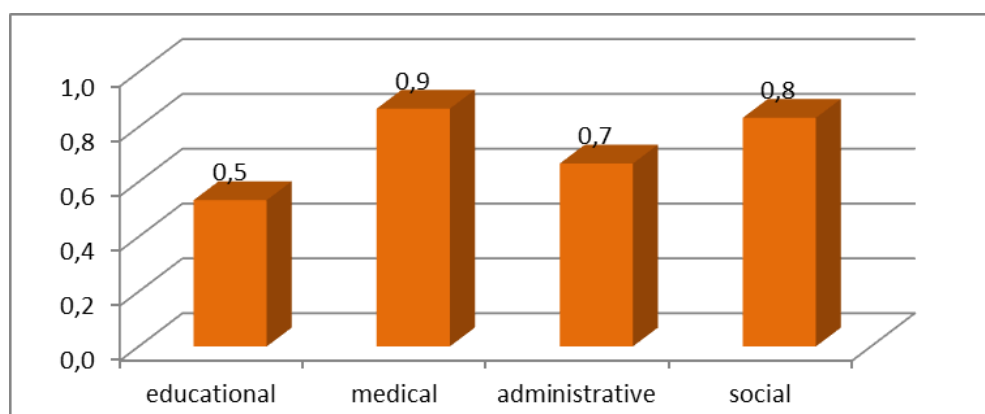


Figure 2. Levels of accessibility of services in territorial communities for persons with disabilities (1 – the highest)

In order to investigate the accessibility of services and assistance for individuals with disabilities, the authors conducted a survey of specialists from institutions/organizations in territorial communities to assess the accessibility of services for people with disabilities. Interviews were conducted with 30 specialists from these communities. The following data was obtained during the interviews:

1. Some individuals with disabilities who had the status of PWD (only 30% of respondents indicated this) turned to certain institutions in the territorial communities, and every 6th respondent had a personal conversation with such individuals;

2. Specialists from institutions/facilities in the territorial communities involved in providing services to people with disabilities listed a wide range of services available to individuals in this category in the institutions where they work. These services include pension application, calculation of compensatory and government assistance, application for assistance from international organizations, obtaining benefits and relevant social services, medical services and rehabilitation, access to medication, obtaining vouchers for sanatorium treatment, receiving financial assistance, establishment of guardianship or foster care, ordering technical and other rehabilitation aids, arranging transportation, access to educational services, employment opportunities, marriage registration/divorce, property transactions;

3. According to the specialists, individuals with hearing impairments or those using crutches or a cane can fully access the services provided by the institution represented by the respondent. As for other physical impairments, more than a third of the respondents confidently stated that individuals with visual impairments or those using a wheelchair can access the services;

4. The majority of specialists are not aware of the cooperation between their institution and the non-governmental organizations involved in protecting the rights of people with disabilities;

5. The most common examples where the institution/agency where the specialist works provided services to PWD (from February 2022 to November 2022) were related to inclusive education in schools and visits to outpatient clinics and social service centers.

Regarding the measures to enhance the accessibility of services for individuals with disabilities, the majority of specialists mentioned the installation of convenient ramps (mostly in schools), call buttons at entrances, and designated parking spaces for individuals with disabilities.

Conclusions. During the conducted accessibility audit of services for people with disabilities in the territorial communities of the Ternopil region, the following findings were identified:

1. The level of service accessibility for individuals with disabilities varies depending on the type of institution (school, outpatient clinic/hospital/medical center, or social service center), as well as the location of the facility (urban or rural area) and the age of the building (newer buildings tend to have more accessibility features). Community-based Social Service Centers in urban areas are generally more accessible, while institutions in rural areas have lower levels of accessibility;

2. All entrances of rural/urban/municipal councils have ramps or level surfaces. Most council buildings are two-story structures without elevators, and there is a lack of Braille signage or indicators of institutions. Only one council has a call button for people with disabilities. None of the official council websites have versions for visually impaired individuals. Hospitals/clinics/medical centers in all territorial communities have ramps, and two of them have elevators;

3. Equal access to timely and quality healthcare is ensured for all individuals with disabilities in the communities. Most communities monitor the provision of medical services to women/girls with disabilities and collect information on identified violations in this area;

4. There is a recognized need to improve the accessibility of services for individuals with special needs at the regional level, particularly for people with limited mobility. Efforts are being made to participate in international and regional programs that provide transportation for mobility-impaired groups within the territorial communities. Additionally, information campaigns for the general population and training for professionals in community institutions are being implemented.

Therefore, the research findings revealed the need to strengthen control over compliance with standards and requirements outlined in government documents regarding the provision of accessible services for individuals with disabilities at the territorial community level. Further studies will focus on conducting a gender audit of service accessibility in Ukraine at the local level.

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